



Customer Services:
Education



GUIDANCE on:

Administration of Medicines in Education Establishments and Early Learning and Childcare Settings

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1.	Introduction
	<p>The Purpose of this Guidance</p> <p>The purpose of this guidance is to confirm and set out the revised procedures for the administration of medicines in education establishments. It is intended to provide guidance for all staff who are involved in any aspect of administration of medicines in education. At times, some children and young people will need to take medication in education establishments, on educational trips and activities. This may be short term, perhaps finishing a course of medication, or it may be long term as the child/ young person may have a conditions which requires ongoing treatment with medication. Heads of establishments should ensure that all staff adhere to this administration of medicines in education guidance.</p> <p>Argyll and Bute Council and NHS Highland have worked collaboratively to produce this guidance. This guidance should be used alongside the Scottish Government document, “Supporting Children and Young People with Health care needs in schools; Guidance for NHS boards, education authorities and schools (2017)”.</p> <p>Early years setting should use the Care inspectorate guidance : Childrens service medication guidance.pdf (careinspectorate.com)</p>

2.	Dealing with Medicines Safely
	<p>Medication should only be taken in an education establishment when necessary and in line with this administration of medicines in education guidance.</p> <p>Any queries that education staff have over medication should be directed to the local school nurse team. Any changes to medication referred to in a health care plan can only be made by the appropriate health care professional.</p> <p>Educational establishments should ensure that medication is not stored in large quantities.</p> <p>Medication will only be administered if parents/carers provide it in the original manufacturer’s packaging or pharmacy dispensed box with a dispensing label.</p> <p>Some medicines may be harmful to anyone for whom they are not prescribed to and particular care needs to be taken where controlled drugs are stored.</p> <p>Education establishments must have procedures in place when children and young people who require medication are going on a trip or activity to ensure that medicines continue to be stored and administered safely. If the child is included in an excursion planned by the establishment then a risk assessment needs to be generated to cover the administration of the medicine for the duration of the excursion.</p>
3.	Administering Prescribed Medication
	<p>Where it is considered that medication will need to be administered in education, medication should always be supplied by the parents /</p>

	<p>carers in its original packaging including the prescription label and any patient information leaflet. Staff should not administer medication if they are not sure what the medication is or what it is for.</p> <p>Parents/carers may, therefore, need to obtain a separate prescription for medication to be taken and held at school. If this isn't possible, then it should be decanted by an appropriate medical practitioner with an appropriate label or instruction. The parent/carer should also ensure that they provide clear instructions about how long the medication needs to be taken, and any other relevant information that isn't provided on the label or patient information leaflet. This information may be captured as part of a standard consent form that must be completed by parents or carers.</p> <p>Staff should not administer medication if they are not sure what the medication is or what it is for. If a member of staff is in any doubt they should check with the parents/carer or a medical practitioner before taking further action. Further, staff administering or overseeing the administration of medication in school will want to ensure:</p> <ul style="list-style-type: none"> <input type="checkbox"/> they follow the instructions on the label and/or patient information leaflet (or in line with manufactures recommended dosage if the medicine is non-prescription (see below). <input type="checkbox"/> that they are giving the right medicine to the right child or young person at the right time; <input type="checkbox"/> they are aware of the side effects and how to deal with them; <input type="checkbox"/> the medication has been stored and handled as per the label or other instruction; <input type="checkbox"/> a signed record is completed each time medication is given to any child or young person in a school log for administration of medicines. <p>Wherever practical, the dosage and administration should be witnessed by a second adult. In some school situations this will not be possible and children, young people and their parents should be involved in decisions about managing any situations that may arise via standard written consent forms or an individual healthcare plan. If there is likely to be any problems encountered with the administration of medication at school; or the provision of medication is not straight forward, this should be covered in an individual healthcare plan. Health colleagues advise that emergency medication i.e. Epipens, Midazolam etc should be kept somewhere easily accessible and not in a locked cabinet but secure. This can cause problems where emergency meds are kept in a locked cabinet with the key elsewhere.</p>
4.	<p>Administering non-prescribed medication, including paracetamol</p> <p>Children and young people in schools sometimes ask for painkillers (Analgesics) or other non-prescribed medication at school such as antihistamines. However, schools should not hold non-prescribed medication. If a child or young person suffers regularly from acute pain or symptoms, such as a headache, period pain or hay fever, parents may provide the school with non-prescribed medication alongside clear and appropriate instructions and consent for the medication to be administered (often via the completion of a standard form). Alternatively, parents (or where appropriate the young person) may ask for the medication to be prescribed by a GP.</p> <p>A member of staff should supervise younger children taking the medication and ensure that the individual's parents are informed on the day the medication is taken, a record should also be made in the school log for</p>

	<p>administration of medicines.</p> <p>Some children and young people with the maturity and capacity to carry and self-manage their own non-prescribed medication and symptoms (for example, for period pain, occasional headaches, minor viral illnesses, coughs, sore throats or hay fever) should be allowed to do so. In such circumstances it is recommended that only medication that can be purchased from a pharmacy should be carried and that children and young people carry as little medication as possible in the original pack or bottle- normally only carry enough for a single school day (although this may not be possible for liquids or sprays). Blister packs, for example, can be cut to ensure only a single day's medication is carried.</p> <p>It should be noted that children under 16 should not be given or take aspirin, unless prescribed by a doctor. Further, codeine should not be provided to children under 12 as it is associated with a risk of respiratory side effects, and is not recommended for adolescents (12 to 18) who have problems with breathing.</p>
5.	<p>Emergency Procedures</p> <p>All staff in school should know the school's procedures for responding to an emergency situation including how to access first aid support and how to contact emergency services. Where a child or young person is taken to hospital by ambulance they should be accompanied by a member of staff who should remain with the child or young person until a parent or carer arrives. The member of staff should take details of the child or young person's healthcare needs and/or details of any medication taken that day. Generally, staff should not take children and young people to hospital by car. However, there may be circumstances where it is agreed with the local school health team, emergency services and parents that this is the best course of action. In such circumstances and wherever possible the member of staff should be accompanied by another adult and have public liability vehicle insurance.</p>
6.	<p>Individual healthcare plans</p> <p>The main purpose of an individual healthcare plan is to identify the level and type of support that is required to meet a child or young person's healthcare needs at school. It is not anticipated that one will be required for short term needs where a child, for example, is taking a course of antibiotics. In such cases it would be sufficient to seek the appropriate consents and record details of the medication or procedure to be undertaken, time of administration or procedure and any possible side effects. Planning procedures should be proportionate and take into account the best interests of the child or young person. More detailed planning and co-ordination will often be required for those with longer term or complex healthcare or medical needs, and should be managed via an individual healthcare plan, which should be reviewed annually. The parents, healthcare team and school staff share the ownership of individual health care plans. They should be developed in partnership to ensure accurate planning and co-ordination. This is not the same as a child's plan. However, if the child / young person has a child's plan then it would be advisable to review both documents at the same review meeting, taking care to invite all relevant parties.</p>

Checklist

Checklist for educational establishment policy on medication

- Staff training in dealing with medical needs
- Confirmation that HT accepts responsibility for school, staff giving or supervising children taking prescribed medication during the school day.
- Circumstances in which children may take non –prescription medication – e.g. pain killers
- Procedures for supporting pupils with long term or complex medical needs, including annual review of health care plan
- Prior written agreement from parents for any medication, prescribed or non-prescription, to be given to a child.
- Arrangements for pupils carrying or taking medication themselves
- Record keeping - including a school log for administration of medicines
- Storage and access to medication
- School's emergency procedures, including arrangements to cover occasions when volunteer staff are absent or unavailable
- Reminder to parents to provide the school with full information about their child's medical needs

Appendix 1

Argyll and Bute Health Care Plan



PLEASE USE BLACK INK AND BLOCK LETTERS

Name		Establishment	
Year		Date of Birth	
Child/Young Person's Address			
Medical diagnosis or condition			
Date		Review date	
Parent/ Carer signature			
Name		Relationship	
Phone No's			
Work	Home		Mobile
Name		Relationship	
Secondary Contact Phone No's			
Work	Home		Mobile
Clinic/Hospital Contact			
Name		Phone No	
G.P.			
Name		Phone No	
Who is responsible for providing support in school/nursery			
Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc:			

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision:

Daily care requirements:

Head of Establishment

Name

Signature

Date

Parent/Carer

Name

Signature

Date

Young Person

Name

Signature

Date

Parental Agreement


PLEASE USE BLACK INK AND BLOCK LETTERS

The school/nursery will not give your child medicine unless you complete and sign this form in line with Argyll and Bute's current arrangements:

Date for review to be initiated by	
Name	Establishment
Date of birth	Group/class/form
Medical condition/illness	
Date	Review date
Medication	
Name/type of medication <i>(as described on the container)</i>	
Expiry date	Dosage and method
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration Yes <input type="checkbox"/> No <input type="checkbox"/>	
Procedures to take in an emergency	
NB: Medication must be in the original container as dispensed by the pharmacy	
Contact Details	
Name	Phone No <i>(daytime)</i>
Relationship to child	
Address	
I understand that I must deliver the medication to <i>(insert agreed member of staff)</i>	

Individual Record of Medication Administered



Name <i>(child/young person)</i>	
Establishment	Date medication received
Group/class	
Quantity received	
Name and strength of medication	
Expiry date	Quantity returned
Dose and frequency of medication	

Staff Signature _____

Signature of parent/carer

[illegible]

[illegible]

Staff Training Record Supervision/Administration of Medication



PLEASE USE BLACK INK AND BLOCK LETTERS

Name (<i>child/young person</i>)	
Establishment	Training received
Date training completed	Training provided by
Profession and title	

I confirm that (*name of member of staff*)

has received the training detailed above and is competent to carry out this healthcare support.

Trainer's Signature

Date

I confirm that I have received the training detailed above and am confident to carry out this healthcare support.

Employee's Signature

Date

Review date

Contacting Emergency Services



PLEASE USE BLACK INK AND BLOCK LETTERS

If you are required to contact an ambulance in an emergency situation - dial 999, ask for an ambulance and be ready with the information below.

Speak clearly and slowly and be ready to repeat information if asked.

1. your telephone number
2. your name
3. your location as follows (*insert school/ address*)
4. state what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code
5. provide the exact location of the patient within the establishment
6. provide the name of the child/young person and a brief description of their symptoms
7. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
8. put a completed copy of this form by the phone

**Template Letter
Invite Letter
Development of
Healthcare Plan**



PLEASE USE BLACK INK AND BLOCK LETTERS

Dear (Name)

DEVELOPING A HEALTHCARE PLAN

Thank you for informing us of your child's medical condition. Please find enclosed for your information a copy of the Council's Guidance on Administration of Medicines in education establishments.

A central requirement of these arrangements is the development of a Healthcare Plan to be prepared, setting out what support a child/young person needs and how this will be provided.

Health care plans are developed in partnership between the establishment and parents/carers and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom.

Although Health care plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's healthcare needs impacts on their ability to participate fully in school/nursery life and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's Health care plan has been scheduled for **(Date/time)**. I hope that this appointment is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve **(the following people)**. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting at the earliest possible opportunity.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting.

Please do not hesitate to contact me **(or another member of staff involved in the plan development or pupil support)** by email or telephone at **(insert contact details)** if you wish to discuss this matter.

Yours sincerely,

Early Learning and Childcare Settings Administration of Medication Policy

This policy was adopted by:

.....

On (date)

Signed Designation

Review date

1. Statement of Purpose

1.1

Children attend early learning and childcare (ELC) settings with a wide range of medicinal requirements related to their individual needs. These needs can be short term (finishing a course of medication) and or long term (medication to keep them well). Staff will ensure procedures are followed in order to meet these needs.

1.2

Medication will only be administered in order to maintain the child's health and wellbeing and/or when recovering from an illness. Most children with medical needs can participate in everyday day experiences within the setting. Throughout this guidance the term 'parents' is used to include all main caregivers.

1.3

Early learning and childcare settings need to be aware of the importance of protecting children from the sun. Both children and staff should apply sunscreen, be encouraged to wear protective clothing, drink water and stay in the shade as far as possible. Staff should be good role models for the children in relation to sun safety. Please see appendix 4.

2. Procedures for Administration of Medication

2.1

We will only administer prescribed medication when it is essential to do so. Parents will provide written consent for their child to be given medication for a minor ailment or allergy. If children attend this setting on a part-time basis, parents should be

encouraged to administer the medication at home. If parents are present during the session, they will also administer the medication for their own child.

2.2

In all circumstances, parents will administer the first dose of a course of medication and will advise the setting of any adverse reactions to the medication. Staff will only administer medication that:

- Has been prescribed by a doctor or pharmacist.
- Is in the original container or box along with the information leaflet, and
- is clearly labelled with the child's name and dosage instructions.

It is also important to be aware of the following:

- Children's medicines will be stored in their original containers in a locked cupboard. They will be clearly labelled and inaccessible to children.
- Medicine spoons and oral syringes must be supplied by the parent if required.

Medications may only be used for the child whose name appears on the medicine. This includes emergency adrenaline injections (e.g. an EpiPen). Parents must give prior written permission for the administration of medication. The staff receiving the medication must ask the parent to sign a consent form stating the following information:

- The full name of the child and date of birth
- The name of the medication and strength
- If the child has had medication prior to arrival at the setting, the time and dosage amount should be noted.
- Dosage to be given in the setting.
- Signature, printed name of the parent and date.
- Verification by the parent at the end of the session.

NB: No medication may be given without these details being provided.

2.3

If the child spits out or vomits the medicine, no further dose should be given, and the parent should be informed. If a child is given too much medication, or medication is given to the wrong child, staff will inform the parent immediately. Further advice / instructions should be sought from a doctor. If a child on medication must be taken to hospital, the child's medication should be taken in a sealed plastic box, which contains a copy of the signed parental consent form, and which is clearly labelled with the child's name and name of the medication. This procedure complies with the safeguarding of information sharing, including General Data Protection Regulations (GDPR) procedures.

3. Reducing Risk

3.1

Systems in place which are checked at every point to reduce risk in administering medication:

- The consent forms are checked and completed with the parent and colleague before medication is administered.
- The staff member administering the medication should have another colleague check dispensed and expiry dates.
- Ensure that the medication is for a current condition (for example, something prescribed for a condition six months ago might not be appropriate now).
- If a medicine, not dispensed recently, is still appropriate for use (for example liquid antibiotics usually only have a seven to ten-day shelf life and eye drops should be discarded 28 days after opening and returned to the parent).
- Review consent **at least** every 3 months and at the start of term using appendix 3.
- Any special instruction in relation to storage or administration of medication will be complete and adhered to.

4. Seeking Medical Advice (NHS 24)

4.1

The information in the Care Inspectorate's [Management of medication in daycare of children and childminding services](#) is in line with existing government advice and best practice guidance. It offers a framework for the routine management of medication in such services.

4.2

If a child becomes ill during a session, when the parent is not present, then the child's key worker will call the parent or emergency contact. If no contact can be made, the key worker may call NHS 24 if deemed necessary and follow advice given.

4.3

The Care Inspectorate has been advised that, on rare occasions, NHS 24 has advised individual services to administer an over the counter (OTC) medicine such as paracetamol immediately. The Care Inspectorate has clarified the temporal aspect of this advice with NHS 24, who have advised "administration as soon as is reasonably possible" is the correct interpretation.

4.4

Services will not (and should not) contact NHS 24 on a routine basis for advice on every presentation of an ailment. Where a service has contacted NHS 24 and advice to administer a medicine is given, the Care Inspectorate will and should view this as a non-routine duty of care situation. As such a care service's response in this situation should not be viewed against the framework for the routine management of medication in such services (as found in the best practice guidance). The response of each care service to the non-routine situations will be dependent on the context.

5. Storage of Medicines

5.1 All medication is stored safely in a locked cupboard below 25° or in a fridge between 2°-8° in an area where children cannot access alone. These temperatures will be recorded daily. Medication for individual children will be stored in separate containers with a lid and labelled clearly with the child's name and date of birth.

5.2

Staff are responsible for ensuring medicine is handed back at the end of the day to the parent. Medication will also be returned to the parent once the course of medication has been completed.

5.3

For some conditions, medication may be kept in the setting. Staff must check that any medication held to administer on an 'as and when required' basis, or on a regular basis, is in date. Any out-of-date medication must be returned to the parent. Children who have long term medical conditions and who may require ongoing medication must have a complete medical care plan. A record will be kept of any medication used by the children that is retained within the setting (Appendix 3). Lifesaving medication needs to be accessible to those trained to administer it.

6. Care Plan

6.1

A care plan for the child is drawn up with the parent outlining the key person's role, and what information must be shared with other staff who care for the child. The child's care plan should include the measures to be taken in an emergency. The child's care plan is reviewed every six months or more if necessary. This includes reviewing the medication, e.g. changes to the medication or the dosage, any side effects noted etc. Parents receive a copy of the child's care plan and each contributor, including the parent, signs the consent for compliance with Data Protection, including GDPR and confidentiality of information.

6.2

When a parent is present, they will be responsible for the storage of their child's medication. Otherwise the key staff member for that child will take responsibility.

7. Managing medicines on trips and outings

Medication for a child is taken in a sealed plastic box clearly labelled with the child's name and name of the medication. There should be a copy of the signed parental consent form in the box. On no account may medicine be decanted into other containers or packets or envelopes. The original pharmacy labelled medication should be within the box.

Relevant medical details for all children participating in an outing will be taken by accompanying staff. Original copies will be left in the setting. Medication will be administered to the child before leaving home or the setting where possible. For children who may require medication during the trip, this should be administered by appropriate staff.

8. Roles and Responsibilities

8.1 Parental Role

It is the responsibility of the parents to ensure that the child is well enough to attend the setting. The parent will inform staff of any medication that is currently being

administered. Parents will also inform the setting if the child has received the medication at home, when it was administered and how much was given to ensure the correct dosage instructions are being followed.

Parents will be required to complete (and regularly update) a Parental Medication Permission Form (Appendix 1) giving permission for staff to administer the medication. A new form will be completed for each new medication required by the child. Parents will be asked to sign and acknowledge the medication given to their child each day. Parents will inform the setting if the child stops taking medication.

8.2 Staff Role

Staff will ensure that they have the required written permission from the parent for the setting to administer the medication (Appendix 1). Each time a staff member administers medication to a child, an Administration of Medication form (Appendix 2) will be completed and signed. A second member of staff will witness the administering of the medication and then countersign the form once the medication has been given. Staff will need to complete the Administration of Medication Form each time medication is given, noting the date, time and dosage.

8.3

Settings must risk-assess the number of trained personnel who must be present to deal with medicinal needs. It is the staff's responsibility within the setting to ensure that all spoons, syringes, spacers for inhalers etc. are labelled, stored with the child's medication, and cleaned appropriately after use. Infection control issues in terms of applying creams, eye drops etc. need to be considered.

8.4

Staff will ensure children's individual care and support is consistent and stable by working together with families in a way that is well coordinated for consistency and continuity of their child's care needs. The Manager will ensure that all other staff and volunteers know who is responsible for the medication of children with particular needs. Staff will ensure the parent signs the form daily to acknowledge the medication given to the child. Parental consent should be time limited depending on the condition.

9. Long Term Medication

Children who require medication for long term conditions such as epilepsy, diabetes, or asthma need to have all relevant information recorded in their personal plan. This will be done by the key worker in consultation with the parent.

10. Staff Training

10.1

Where a condition requires specialist knowledge, staff will be required to undergo training from a qualified health professional in order to be able to administer the necessary medication.

10.2

Staff should also be trained to recognise the symptoms if medication has to be given on a 'when required basis'. This information will be recorded in the Administration of Medication Form or care support plan as appropriate. Training should be reviewed and refreshed on a three yearly cycle to ensure staff have the most up to date knowledge.

Monitoring of this Policy

It will be the responsibility of the manager to ensure that new or temporary staff are familiar with this policy and to monitor that it is being implemented by all staff and parents. This will be achieved through observation of staff practice and regular communication with parents. All relevant medication forms will be checked and updated on a regular basis. Parents will be made aware of this policy through the enrolment procedures and the parents' handbook. This policy will be reviewed annually to ensure that it is relevant and up to date.

Disseminating and Implementing this Policy

Staff will be required to read this policy on their induction and to comply with the contents therein. The policy will be kept in the policy folder and will be available for staff to refer to at all times.

The implementation of the policy will be monitored on a day to day basis. Any adverse incidents will be recorded and reviewed to ensure the policy is fit for purpose.

Appendices

Appendix 1 – Parental Permission Form

Appendix 2 – Administration of Medication: Daily Dosage of an Individual Child

Appendix 3 – Monthly Review of Administration of Medicines

See also:

Health and Safety Policy

Infection Control Policy

GDPR – Privacy Policy

Links to national policy

Health and Social care standards: My Support, My Life

<https://beta.gov.scot/publications/health-social-care-standards-support-life/>

Health and Social Care Standards, 1.15, 1.19, 1.23, 1.24, 2.23, 3.4, 3.14, 3.15, 3.16, 3.17, 3.18, 3.19, 4.11, 4.15

Find out more:

Community pharmacists and NHS 24

www.nhs24.com

Fever Management

<http://www.nhsinform.co.uk/health-library/articles/f/feverchildren/introduction>

Parental Permission Form: Administration of Medicines

Dear Parent/Carer

In order to enable staff to carry out safe practices in relation to the administration of medication please ensure the setting has the following information, all of which requires to be recorded on this form.

- Medication required to be taken by your child whilst in the setting.
- Completed parental permission form.
- If your child requires ongoing medication to be kept within the setting, a separate supply of medicine, appropriately labelled, should be obtained from the pharmacist.
- Medicine should be clearly labelled with your child's name, date of birth, name of medicine, dosage, time and frequency and expiry date.
- If your child suffers from asthma, it is essential that the setting has been informed of any restrictions which need to be applied to his/her activities.
- If your child suffers from epileptic attacks, diabetes or anaphylactic shock it is imperative the setting is aware of the appropriate emergency treatment that should be given.
- If the child spits out the medicine, no further dosage will be given, and you will be informed of this.

Thank you for your co-operation with this matter.

Yours sincerely

Personal Details

Setting	
Name of Child	
Date of Birth	

General Medical Practitioner Information

Name of Doctor	
Address	
Phone Number	

A parental permission form must be completed for each type of medication being taken by the child.

Parental Permission

I confirm that my childrequires the following medicine(s).....

and that I give permission that it /they can be administered by a non-medically qualified staff member of (insert setting name).

I will also inform the setting immediately of any changes in medication and will provide an appropriately labelled supply.

Signature Date

Print Name

Home Address

Telephone No.

Emergency Contact Person (if different from above)

Relationship

Telephone No.

Child's Name

Details of Medication

Type of illness	
Signs and symptoms	
Name on Medication as stated on the label	
Date medication dispensed	
Type of medication e.g. tablet, syrup, drops	
Strength of medication	
Dosage instruction including how often, when and any other relevant information	
Action to be taken if medication is refused by child or child is not responding to medication e.g. – phone parent, call 999 etc.	

I confirm my child..... has received the first dose of this medication at home and has had no adverse reaction to the medication.

I agree that the medical information contained in this form may be shared with relevant individuals involved with the care and education of my child.

Signed.....Date.....

Parent or Guardian

Updated February 2023
Appendix 2

Administration of Medication: Daily Dosage of an Individual Child
(First dose must always be given by the parent)

Child's Name Date of Birth



DATE	TYPE OF MEDICATION e.g tablet, capsule or liquid	DOSE OF MEDICATION	TIME LAST GIVEN BY PARENT/ CARER	DOSE AND TIME GIVEN BY STAFF	DOSE MISSED/ REASON WHY	ANY REACTIONS	SIGNATURE OF STAFF ADMINISTERING (Please print also)	SIGNATURE OF WITNESSING STAFF MEMBER (Please print also)	PARENT SIGNATURE (Please print also)

Signature of Parent/Guardian..... Date

Print Name

Review Administration of Medicines - at least every 3 months and at the start of term

Child`s Name	Date medication began	Time of last dose	Reason for medicine being administered	Review of medication Sign and Date: Please also print name	Medication returned to parent or n/a Date

