



Administration of Medication Form

Authorisation of Medication

Pupil's Name											
Reason for medication											
Name/ type of medication (as described on the container)											
Start date and duration											
Dosage and timings											
Parent/ Carer's Name											
Signature						Date					

Administration of Medication

Date												
Time												
Signature/ Initials												
Print Name												
Comments, ie. Full/part dose, reactions, parental acknowledgement												

Initial Review	Signature		Date				
Ongoing review	Signature		Date	Signature		Date	
	Signature		Date	Signature		Date	