



Kinsale Junior School
Kinsale Avenue, Hellesdon, Norwich
Norfolk NR6 5SG
www.wensumtrust.org.uk/kinsalejunior
01603 425662
office@kinsalejunior.norfolk.sch.uk

ADMINISTRATION OF MEDICINES FORM

The school will **not** give your child medicine unless you complete and sign this form, the school policy states that staff can administer medicine only following this procedure.

Name of child

Date of birth

Class

Medical condition or illness

Medicine

Name/type of medicine
(as described on the container)

Expiry date

Dosage and method

Timing

Special precautions/other instructions

Are there any side effects that the school
needs to know about? Procedures to take in
an emergency

**NB: Medicines must be in the original
container as dispensed by the pharmacy**

Contact Details

Name

Daytime telephone no.

Relationship to child

Address

Office staff

I understand that I must deliver the medicine
personally to

We are part of...



FOR CHILDREN, FAMILIES AND COMMUNITIES



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The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped. I understand that my child is responsible for attending to receive their medication.

Parent Signature(s) Date

Headteacher Signature..... Date.....

Date

Time given

Dose given

Name of member of
staff

Staff initials

Date

Time given

Dose given

Name of member of
Staff

Staff initials

Date

Time given

Dose given

Name of member of
staff

Staff initials

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WENSUMTRUST

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