**Appendix 1.** **Administration of Medication Record Card (front page)**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Pupil Name** | **Date of Birth** | | **Telephone Number** | | | **G.P.** | | | **G.P. Telephone Number** |
|  |  | | Home:  Emergency: | | |  | | |  |
| **Name of Medicine as stated on dispensing label** | **Appearance or form e.g. tablet or liquid** | | | **Dose Instructions e.g. 2 tablets, every 4 hours** | | **Strength of Medicine e.g. 500mg** | | | **Reason for Administration e.g. Diabetes or Headache** |
|  |  | | |  | |  | | |  |
| **Required Time and frequency of Administration** | **Method of Administration e.g. swallowed with water** | | | **Other treatment which may involve school/setting staff or affect the child’s performance during the school/setting day** | | | **Side effects which may have a bearing on the child’s behaviour or performance at school/setting** | | |
|  |  | | |  | | |  | | |
| **Quantity of Medicine received e.g. 16 Tablets** | | **Staff members responsible for Administering medication** | | | **Agreed Period of Administration e.g. 7 days** | | | **Additional Instructions** | |
|  | | 1.  2. | | |  | | |  | |

Parent / Carer signature …………………………………………….

Head Teacher ………………………………………………………..

Agreed on (date): ……………………………