



## Hamstel Medicines Form

Child's name \_\_\_\_\_ Class \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

Person giving permission for the administering of the medicine listed below:

Name \_\_\_\_\_ Parent / Carer / other adult (please specify) \_\_\_\_\_

Signature \_\_\_\_\_

Date	Name of person who brought medication in	Name of medication	Amount supplied	Form supplied E.g. tablet/capsule/ liquid	Expiry date (from pharmacist)	Dose and frequency	Received by:

The school will only accept prescribed medicines that are in-date, labelled with child's name, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. (The exception to this is insulin which must still be in date, but will generally be available to schools inside an insulin pump, rather than in its original container)

This form is to be completed when any medication is presented to school. It must be completed in ink, errors must not be written on or covered over. Dosage instructions must not be tampered with and must be presented in their original state. Parents cannot alter the dosage. The medication must have the full name and date of birth of the person it is intended for.

Unused medicines will be returned to the child's parent/carer or disposed of at a pharmacy.

