

## DUNKIRK PRIMARY SCHOOL

## PARENT/CARER REQUEST FOR DISPENSING OF MEDICINE TO CHILD

Name o	of Child Class
Medici	ne to be given
Dosage	? (eg one tablet, one 5ml spoon*)
At wha	t time of day?
Name o	of GP
	Mondays date
	Tuesdays date
	Wednesdays date Please tick which days of the week
	Thursdays date
	Fridays date

Dunkirk Primary school can accept no responsibility for medicines. It is up to the individual child to request the medicine and a member of school staff will supervise and log the dosage required.

It is the parents/carers responsibility to collect the medicines from school at the end of the day.

If your child is also booked into Fun Club it is the parents/carers responsibility to inform the Club of any medicine requests.

ALL MEDICINES MUST BE PRESCRIBED BY YOUR GP

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

\*please supply suitable spoon/dispensing tool

Name: _	Date of
Birth:	

## Address:

Date	Name of Person Who brought it in	Name of medication	Amount supplied	Form supplied	Expiry date	Dosage regime

## **Register of Medication Administered**

Date	Medication	Amount given	Amount left	Time	Administered by	Comments / Action Side effects