



# Davenant Foundation School Medication Register and Medication Administering Form

Name Of Student: \_\_\_\_\_ D.O.B \_\_\_\_\_ Form Group: \_\_\_\_\_

Home Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Known Allergies: \_\_\_\_\_

Reason For Medication at School: \_\_\_\_\_

Any other Medical Condition: \_\_\_\_\_

Duration medication to remain at school: Ongoing (For the academic year)  Short term

Duration/Date required From: \_\_\_\_\_ Until: \_\_\_\_\_

Parents/Carers Name: \_\_\_\_\_ Relationship to child \_\_\_\_\_

Emergency contact phone number: \_\_\_\_\_

**Medications must be in the original container and in date.**

<u>Date</u>	<u>Medication Name</u>	<u>Dose required (mg/ml)</u>	<u>Amount handed in</u>	<u>Expiry date</u>

**Please Read and Sign**

<p><b>I understand that in accordance with our First Aid policy all medication needs to be handed in and stored at Student Reception unless agreed by a care plan, cannot be carried around on site by my child.</b></p>	<p style="text-align: right;">DATE: _____</p>
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<p><b>The above information is, to the best of my knowledge, correct at the time of writing and I give consent for the school staff to administer medication when required in accordance with the school policies. I will inform the school, in writing, if there is any change with dose or frequency.</b></p>	<p style="text-align: right;">DATE: _____</p>
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