

Medicine Administering Form				
Date for review to be initiated by				
Name of child				
Date of birth				
Medical condition or illness	Pain Relief / Asthma / Hayfever			
<i>In the event that your child forgets their inhaler do you consent for your child to use the School's blue inhaler: YES / NO / NA</i>				
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/setting needs to know about?				
My child can self-administer the medication	YES / NO			
Procedures to take in an emergency				
NB: Medicines must be in the original container as dispensed by the pharmacy and supplied along with this form.				
Student Emergency Contact Details:				
Name				
Daytime telephone no.				
Relationship to child				
Address				
I understand that I must deliver the medicine personally to	Brunel School			

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 Brunel School and SPT MAT policy. I will inform the School immediately, in writing, if there is any change in dosage/frequency of the medication or if the medicine is to be stopped.

Signature(s)
Date