Bracken Hill SCHOOL

Medication and Allergy Details

Child's Name: .....

Please list below **ALL** medication (full name of medication on bottle/packet) taken on a regular basis **both at home and in school,** and the dosage.

All medication administered must be prescribed.

Prescribed medication must have child's name and be sent in a pharmacy labelled container, indicating the required dosage, must be in date, batch number on box must match batch number on tablet strips/ medicine and the strips must NOT be cut.

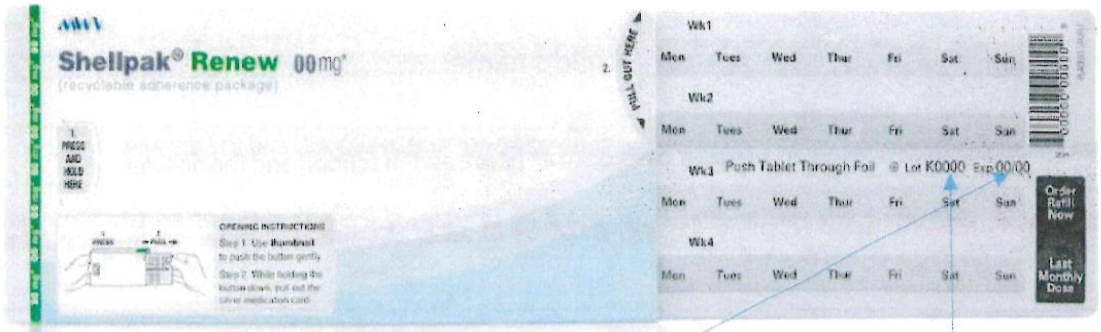
Name of Condition	Name of Drug	Dosage of Drug	Time To be Taken	How it should be taken
Example: asthma, heart murmur, epilepsy	*Example: Epilim*	*Example: 20mls*	*Example: 8 am and 8 pm*	*Example: Dissolved in a drink*

My child is allergic to the following:

My child does not have any allergies ☐ Emergency treatment consent: Yes ☐ No ☐

Name and Address of Doctor: .....

Signed ..... *(Parent/Carer)* Date ..... If necessary continue on separate sheet

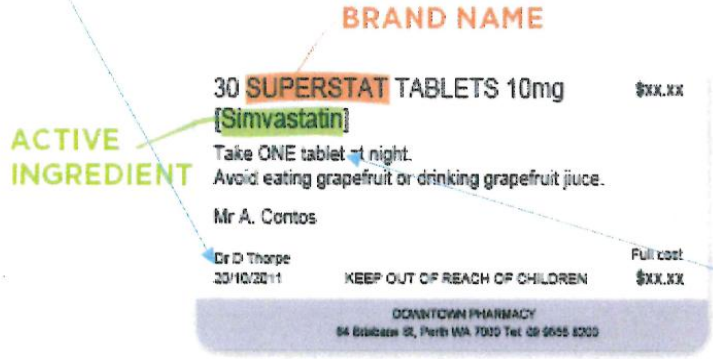


Ensure the medication is in date

Ensure child's name is correct

Check the batch number on the tablets matches the batch on the box

Send the whole blister pack



Check the dosage written on the packet matches the directions you have written on school's medication form