



Welburn Hall School

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Welburn Hall School & College Unit

Administration of Medication

Full Name of Student:

Date of Birth:

Name of person completing this form:

Relationship to Student:

Doctor prescribing the medication:

Name of Medications:

Purpose/reason for medication:

Route/Method:

Dose 1:

Time:

Dose 2:

Time:

Dose 3:

Time:

Dose 4:

Time:

Any special instructions or advice:

Possible side-effects or adverse reactions

Full Name of Student:	
Date of Birth:	
Name of person completing this form:	
Relationship to Student:	
<i>(inc. name, role, address etc.)</i>	
Doctor prescribing the medication:	
Name of Medications:	
Purpose/reason for medication:	
<i>(e.g. tablet, syrup, powder etc.)</i>	
Dose 1:	Time:
Dose 2:	Time:
Dose 3:	Time:
Dose 4:	Time:
Any special instructions or advice:	
Possible side-effects or adverse reactions	

Administration of Medication

Declaration:

The information I provide on this form is, to the best of my knowledge, accurate and complete.

I give consent to suitably trained Welburn Hall staff to administer the medication detailed overleaf to my child in accordance with policy and good practice.

I will always supply prescription medication which is:

- In date
- In its original container
- Clearly labelled as dispensed by a Pharmacist

I will always supply non-prescription medication which:

- Is in date
- Is in its original container
- Contains the manufacturer's instructions

I accept that school staff will administer non-prescription medications in accordance with manufacturer's instruction only.

I will ensure that the medication is always passed 'adult to adult'; and never left in the possession of my child.

I will inform the school immediately, in writing, if there are any changes to my child's medication and understand that I must supply an amended authorisation form in the event of changes.

I will inform the Head of Care if the medication is to cease.

I understand that Welburn Hall School is obliged to administer medications in accordance with best practice, policy and legal requirements; and that its staff may not be able to administer medications without full written consent.

Signature:

Print Name:

Date:
