



St George and St Martin Catholic Academy
Medication Administration Form

St George & St Martin Catholic Academy will not give your child prescribed medicine unless you complete and sign this form.	
Name of Child:	
Date of Birth:	
Class:	
Medical condition/illness:	
Name/Type of Medicine (as described on the container):	
Date prescribed:	Expiry date:
Dosage, method and timing:	
Storage requirements:	
Special Precautions:	
Are there any side effects that the school needs to know about? Yes/No. If YES, please explain:-	

Self-Administration Yes/No (delete as appropriate)	
Signed	Date
Parent/Carer	
Principal	

Record of Administration of Medicine

<u>Date Given</u>	<u>Time Given</u>	<u>Dosage</u>	<u>By</u>