

St. Mary's Catholic Primary School

Barn Lane, Bodmin, Cornwall, PL31 1LW Tel: 01208 73218 Fax: 01208 73383



Administration of Medicine/Medical Procedure to a Pupil

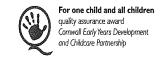
at St Mary's Catholic Primary School

This is only possible for medication prescribed by the child's doctor.

*delete as applicable

A Administration of Medicine							
	my childstaff as indicated below:		to have the following medicine administer	ed by			
1.	Name of Medication						
2.	Time(s) at which it is to be given						
3.	Amount to be given						
4.	Dates to be administered						
Ad	<u>Iminister</u>	Tick box					
a)	Tablet						
b)	Capsule	[]					
c)	Liquid						
d)	Lotion or Ointment						
*I wish	dical Procedure Involving Phase my childed below:	_	to have the following medical procedure ap	plied as			
1.	Injection						
2.	Catheter						
3.	Suppository						
4.	Ointment	[]					
suppos		that this cannot b	ntimate bodily contact eg the use of a cathet e administered until adequate training has be				
Signed			Print	Parent/Care			
Date Medicine received at school on							











Administration of Medication Record

Date	Time	Medication	Amount given	Administered by
	:			

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