



PROCEDURE FOR THE ADMINISTRATION OF PRESCRIBED DRUGS
IN KNOCKLOUGHRIM PRIMARY SCHOOL

Please complete and forward this form to your child's teacher in the event of your child requiring the taking of prescribed medication (eg asthma inhalers, antibiotics, cough mixture etc) during the school day.

NAME OF CHILD _____

DATE OF BIRTH _____

PARENTS CONTACT DETAILS

NAME: _____

HOME TEL NO _____

OTHER DAYTIME TEL NO _____

NAME OF DRUG/S: _____

AMOUNT OF DOSAGE: _____

INTERVALS FOR ADMINISTRATION: _____

Please arrange for _____ to receive the above medication until end of current course/further notice* delete as appropriate.

Signed: _____ (Parent / Guardian)

Date: _____

IN THE EVENT OF ANY CHANGE/S TO THE ABOVE THE PARENT MUST ADVISE
THE SCHOOL IN WRITING IMMEDIATELY OR AS SOON AS PRACTICABLE.

