

Administration of Non Prescription Painkillers

(November 2020)



This is a separate form to the administration of medicine. Only non –Aspirin based medicines may be administered i.e Paracetamol or Ibuprofen. **Staff are not required to administer medicine, but do so on a voluntary basis.** This form **must be completed each day** so that prior medication is recorded and signed off by the parent.

Administration is limited to two days within a fourteen day period unless otherwise directed by the child’s GP and supported in writing.

Childs name:

Reason for medicine:

Contains Aspirin Y / N (Check original packaging)

Does the packaging state clearly that it is suitable for the child’s age range? Y / N

Please list the time and dosage given at home in the last 12 hours:

Time	dosage

Please state when you want the school to administer and how much:

Time	dosage	Staff signature when administered
Morning break time	Lunchtime	

I confirm that as the child’s parent / carer the information supplied is correct and that I give permission for the school to administer the named medicine as described above.

Print name:

signed:

Date:

