

## **Baycroft School**

### **TO ANYONE RESPONSIBLE FOR ACCEPTING OR DELIVERING MEDICATION**

- All medication **prescribed** by a doctor/hospital that is transported between home/school must be in the original container as dispensed by the pharmacy and clearly labelled stating child's name, address, dispensing date, medicine name and dosage.
- All medication **must** be handed directly to Escorts/school staff.
- Medication should **not** be sent into school via the children themselves.

**PLEASE ENSURE THAT ALL PARTIES INVOLVED IN THE TRANSPORTATION OF MEDICATION SIGN TO SAY THAT IT HAS BEEN DELIVERED/RECEIVED & CHECKED IN THE CORRECT MANNER.**

#### **Child/Young Person's Details**

Name: ..... DoB: .....

Address: .....

Parent/carer name(s) & contact number(s): .....

#### **Details of Medication**

Medical condition/illness: .....

Medication name & strength: .....

Dosage & frequency of medication: .....

Administering instructions: .....

Any known side effects or notes: .....

Date	Direction e.g. into school or out to home	QTY received (tablet count/bottles)	Signed & role (e.g. escort/ school/parent)	Signed & role (e.g. escort/school/ parent)	Signed & role (e.g. escort/school/ parent)