

FORM A: DAY STUDENT PRESCRIBED MEDICATION FORM

St. Piers will always believe that giving students' their prescribed medications at the prescribed doses and times is in the student's best interests, but if a student refuses to take their medication, St Piers will not force them to take it.



Please detail below the medication that has been prescribed for this student - using a separate sheet for each medication.

N.B. Only medication prescribed by a doctor can be administered during the school/college day.
The dispensing label must bear the correct dosing details. e.g. If the label states "Give 10mls TWICE daily" yet you are asking for 15mls to be given, St Piers staff will not be able to administer the dose you have requested.

Please complete the following details.

Student Name: _____

Date: _____

Medication Name E.g. Methylphenidate Tablets	Medication Dosage E.g. 10mg;25mg/ml; 1% cream, 50 micrograms/puff etc	Dose to be given E.g. 10mls/2 tabs	Time to be given E.g. 12:30 For as required medication please state the time interval to be left between doses	Quantity Supplied

This medication is to be given **indefinitely/as required/until** _____ (delete/complete as appropriate)

I **do/do not** need the medication returned each day (delete as appropriate) (Antibiotics will normally need to be delivered/returned daily)

Signature: _____

Name: _____

School/College Medication Trained Staff only to complete this section:

Date	Medication Received Drug Name/Strength/Dose Form	Quantity	Expiry Date	Staff Signature
Date	Medication Returned Drug Name/Strength/Dose Form	Quantity	Expiry Date	Staff Signature

Received by (parent/escort/carers): _____

Date: _____