

Abbey Primary School – Short Term Medication Form



Child's Information

1. Full Name: _____
2. Class: _____

Medication Details

1. Name of Medication: _____
2. What is the medication for (condition) _____
3. Dosage (amount & frequency): _____
4. Route of Administration: ☐ Oral ☐ Inhalation ☐ Topical ☐ Other: _____
5. Time(s) Medication Should Be Given: _____
6. Duration of Treatment: _____
7. Date Medicine was Dispensed: _____
8. Is this medication prescribed by a doctor / from a pharmacy? Please circle:
9. Special Instructions (e.g., take with food, avoid certain activities, etc.):

Consent & Acknowledgement

I give permission for my child to receive the medication as prescribed at Abbey Primary School. I will inform the school of any changes to dosage or condition.

Name of person completing the form: _____

Signature of person completing the form: _____

Relationship to child: _____

Date: _____

Important Information

The information provided on this form will be inputted into the school's medical tracker system. Once entered, an email will be sent to parents to review the details and give formal permission for the medication to be administered. **Medication can only be given once parental permission has been completed through the system**