PERSONAL MEDICATION RECORD No. __________

Our Lady Star of the Sea

Date of Authorisation by Parents/Guardian _____/_____/_______

Surname ____

Forename(s) ____

Date of Birth _____/_____/_______

Class ____________

Name of Medicine ____________________________________

Formula ☐ Liquid ☐ tablet ☐ ointment ☐ eye drops ☐ *please tick*

Enter Other ________________________

Dosage ______________________

Frequency ______________________

First date of Administration _____/_____/_______

Projected last date of Administration (if known) _____/_____/_______

Expiry date of medicine (if known) _____/_____/_______

Medicines returned to parents/guardians or destroyed _____/_____/_______

Signature of person completing this form ______________________________ (Position)

N.B. Written authority must be received from parents/guardians before prescribed medicines are administered. **Oral messages received via pupils should not be accepted**.

When authorisation has been received this form should be kept on the pupil's file and a Medication Log set up and maintained.

Register of Medication Administered

Our Lady Star of the Sea

Date	Medication	Amount Given	Amount Left	Time	Administered By	Comments/Action