



The Bliss Charity School

Medicine to be Administered

Today's date:		Signature of staff receiving medication:	
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Parent/guardian's name:		Parent/guardian's Signature:	
Child's name:		Child's class:	

Condition medicine is required for: e.g. tooth ache, hay fever etc.

Name of medicine:	Dose required: e.g. 5 mls or 2 drops
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Time required:	Duration: e.g. 5 days
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Does your child know when they need to take it?	Yes / No	Can your child administer the medicine themselves?	Yes / No
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Does the medicine need to be kept in the fridge?	Yes / No	Does the medicine need to be collected at the end of the day ?	Yes / No
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Amount of medication provided: e.g. 10 tablets / 1 bottle
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