



Canon Burrows Medication Administration Form

Canon Burrows will not give your child medicine unless you complete and sign this form.

Name of child:		
Date of birth:		
Group/class/form:		
Medical condition/illness:		
Medicine/s:		
Name/type of medicine (as described on the container):		
Date dispensed:		Expiry date:
Agreed review date:		
Review to be initiated by:		
Dosage, method and timing:		
Special precautions:		
Are there any side effects that the school needs to know about?		
Self-administration: Yes/No (delete as appropriate)		

Signed	Date
Parent/carer	
Pupil (where appropriate)	
Named person in school	
SENCO	
GP	