



Llangyfelach Primary School (including Wraparound)

Medication Authorisation form and record

Prescribed medicines will be administered only with the written agreement of the parent/carer, when provided in their original container and with all possible side effects listed. In order for your child to receive **prescribed** medication while in Llangyfelach Primary Wraparound's care you must give your written consent by completing and signing the **medication authorisation form** and the **record of medication administered form** on each day the medication needs to be administered.

Medication authorisation:

1. Full name of parent/carer completing form:	
2. Full name of child taking medication:	
3. Date of birth of child (named above):	
4. Full name of medication to be administered:	
5. Expiry date of medication:	
6. Dates and/or times to be administered:	
7. Required dose:	
8. Storage instructions:	
9. Other information/possible side effects:	
10. Purpose of medication:	
11. Does the administration of medication require technical or medical knowledge?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide details:
Signature of parent/carer:	Date:
Name of Llangyfelach Primary School's delegated representative:	
Signature:	Date:
(This also confirms that Llangyfelach Primary School has checked that the medication conforms to their insurance requirements and - as applicable - the medication was administered by an adult who has been trained by a qualified health professional)	



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Parent/Carer to complete section(s) marked with a *

Record of medication administered to *(name of child)*:

* Dose (amount) to be given:	* Date and time of next dose due:	Date and time of dose given:	Actual amount given:	Dose given by:	Observed and checked by:	Notes of any follow-up effects on child	Any relevant additional comments	Parent/carers signature: