



THE VALLEY SCHOOL  
**SUPPORTING PUPILS WITH MEDICAL NEEDS**  
 ADMINISTRATION OF MEDICATION

**“Learn to Believe – Learn to Achieve”**  
**“Different for Different”**

We will support all pupils, on an individual basis, to have full access to all school activities, to make progress in their learning and in their overall development by recognising their medical needs, supporting them to access medical and therapeutic interventions and by modifying their provision as necessary

**Please complete**

Name of Student			
Tutor Group			
Medical condition or illness			
Delete as appropriate	Ongoing medication	Single prescription	Pharmacy purchase

**Medication**

Name/type of medication (as described on the container)		
Expiry date		
Dosage details		
Possible side effects		
Self-administration	Yes	No
Procedures to take in an emergency		

**NB: Medicines must be in the original container as dispensed by the pharmacy.** First dose **cannot** be administered in school.

**Contact Details** (to be completed only if **different** from details held already in school records SIMS)

Name	
Daytime telephone no.	
Relationship to student	



