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## Request Form by Parent for school to administer medication

You **must** complete this form if you wish the school to administer medication.

The school will not give your child medicine unless you complete and sign this form, and the Principal has agreed that school staff can administer the medication

### Details of Pupil

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Surname: \_\_\_\_\_

Forename(s) \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ M/F: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Class/Form: \_\_\_\_\_

Condition or illness: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Medication

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Name/Type of medication (as described on the container)

\_\_\_\_\_

\_\_\_\_\_

For how long will your child take this medication:

\_\_\_\_\_

\_\_\_\_\_

Date dispensed: \_\_\_\_\_

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Full directions for use:

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Dosage and method:

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Timing: \_\_\_\_\_

Special precautions:

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Side effects:

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Self-administration: \_\_\_\_\_

Procedures to take in an Emergency:

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## Contact Details

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Name: \_\_\_\_\_

Daytime Telephone No \_\_\_\_\_

Relationship to Pupil \_\_\_\_\_

Address: \_\_\_\_\_

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I understand that I must deliver the medicine personally to [agreed member of staff] and accept that this is a service which the school is not obliged to undertake.

Date: \_\_\_\_\_ Signature(s): \_\_\_\_\_

Relationship to pupil: \_\_\_\_\_

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## School's agreement to administer medication

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I agree that *[name of child]* will receive *[quantity and name of medicine]* every day at *[time medicine to be administered eg. lunchtime or afternoon break]*. *[Name of child]* will be given/supervised whilst he/she takes their medication by *[name of member of staff]*. This arrangement will continue until *[either end date of course of medicine or until instructed by parents]*.

Date: \_\_\_\_\_

Signed: \_\_\_\_\_ (The Principal/Named Member of Staff)