

Parental Request for School Staff to Administer Medication

Parents/Carers MUST complete this form: please ensure that all medicine is in its original packaging.

School staff will not give your child medicine unless:

- you complete and sign this form and
- the Head Teacher has agreed that school staff can administer the medicine.

| PUPIL DETAILS | | | |
|--|--|--|--|
| Surname: | | Forename(s): | |
| Date of Birth: | | Class: | |
| Condition or illness: | | | |
| MEDICATION | | | |
| Name/type of Medication: <i>(as described on the prescription label)</i> | | | |
| For how long will your child take this medication? | | | |
| Date dispensed: <i>(Parent must ensure that in date and properly labelled medication is supplied)</i> | | | |
| Full Directions for Use: | | | |
| Timing: | | | |
| Special Precautions: | | | |
| Possible Side Effects: | | | |
| Self-administration: | | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Procedures to take in an Emergency | | | |
| CONTACT INFORMATION | | | |
| Name: | | Daytime Telephone No.: | |
| Relationship to Pupil: | | Address: | |
| I understand that I must: <ul style="list-style-type: none"> • deliver the medicine personally to (agreed member of staff) and accept that this is a service which school staff are not obliged to undertake. • ensure the medicine provided is in date. | | | |
| Signature (s): | | | |
| Date: | | | |
| Relationship to Pupil: | | | |