

**Form 1 : Request for School to Administer Medication**

**This form is for parents to complete if they wish the school to administer medication. The Head Teacher will then confirm, in writing, agreement to administer medications. The school will not give your child medicine unless you complete and sign this form.**

All medicines should be handed to a member of staff, along with this request form, in order for them to be stored correctly with school.

**Details of Pupil**

Surname : . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . Forename(s) : . . . . . . . . . . . . . . . . . . . . . . . . .

Address : . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

 Postcode : . . . . . . . . . . . . . . . . . . . . . . . Date of Birth : . . . . . . . . . . . . . . . . . . . . . . . . .

Condition or Illness : . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

**Medication**

Name/Type of Medication (as described on the container) : . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

For how long will your child take this medication : . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Date dispensed : . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

***FULL DIRECTIONS FOR USE***

Dosage and Method : . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Time medication should be administered : . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Storage Instructions ie refrigerated etc : . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

**Special Precautions** (Please detail any medication already given to your child today, including time and dose):

. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Self Administration : YES/NO

Procedures to take in an Emergency : . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

**Contact Details**

Name : . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . Daytime Telephone No : . . . . . . . . . . . . . . . . . . . . . . . .

Relationship to Pupil : . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Address : . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

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.

I can confirm that this medication will not react with any other medication that my child is currently taking.

Date : . . . . . . . .. Signature(s) : . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .Relationship to Pupil : . . . . . . . .