

ALL SAINTS CE FIRST SCHOOL

REQUEST FOR A SCHOOL TO ADMINISTER *PRESCRIBED* MEDICATION

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

Details of Pupil

Surname _____ Forename(s) _____

Address _____

Date of Birth ___ / ___ / _____ M F

Class _____

Condition or illness _____

Medication (Name) _____

Parents must ensure that in date properly labelled medication is supplied.

Type of Medication (e.g. Tablets/Medicine/Spray/Drops)

Date dispensed _____

Expiry Date _____

Any Special Storage Instructions (eg Fridge) _____

Full Directions for use:

Dosage/Timing/Method of Administration

NB Dosage can only be changed on a Doctor's instructions

Start Date: _____ End Date: _____

Special precautions _____

Are there any possible side effects that the School needs to know about?

Self-Administration Yes/No (delete as appropriate)

Procedures to take in an Emergency

Contact Details

Name _____

Phone No: (home/mobile) _____
(work) _____

Relationship to Pupil _____

Address _____

I understand that I must deliver the medicine personally to The Headteacher or the School Office and accept that this is a service, which the school is not obliged to undertake. I understand that I must notify the school of any changes in writing.

Signature(s) _____ Date _____

Agreement of Headteacher

I agree that _____ (name of child) will receive
_____ (quantity and name of medicine)
every day at _____ (time(s)) medicine to be administered eg morning
break or lunchtime

This child will be given/supervised whilst he/she takes their medication by
_____ (name of staff member)

This arrangement will continue until _____
(either end date of course of medicine or until instructed by parents)

Signed _____ Date _____

(The Headteacher/Authorised Member of staff)

The original should be retained on the school file and a copy sent to the parents to confirm the school's agreement to administer medication to the named pupil.