

**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) \_\_\_\_\_

Date of Birth \_\_\_ / \_\_\_ / \_\_\_\_\_

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**

\_\_\_\_\_

## Emergency Contact Details

Name \_\_\_\_\_

Phone No: \_\_\_\_\_

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

I understand that I must deliver the medicine personally to 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.**