



Request For A School To Administer Medication

The school will not give your child medicine (**Prescribed or Non Prescribed**) unless you complete and sign this form, and the Principal has agreed that school staff can administer the medicine.

Details of Pupil

Surname _____

Forename(s) _____

Address _____

Date of Birth _____

Class _____

Condition or illness _____

Medication

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

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

Date dispensed _____

Expiry Date _____

Full Directions for use

Dosage and method _____

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

Timing _____ Special precautions _____

Are there any 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 _____

Relationship to pupil _____

Phone No. (home /mobile) _____

(work) _____

I understand that I must deliver the medicine personally to either the class teacher or principal 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 regarding this medication in writing.

I give full permission for a member of staff to administer **Prescribed/Non-Prescribed Medication (Delete as appropriate)** to my child/children using the dosage and method written above.

Signed: - _____ Date: - _____

Agreement of Principal

I agree that _____ **(Name of Child)** will receive

Name of Medication: - _____

Dosage/Quantity of Medication: - _____

Time(s) medicine to be administered: - _____

This child will be supervised by _____ while they are taking their medication.

This information will be recorded on the '**RECORD OF MEDICINE ADMINISTERED TO AN INDIVIDUAL CHILD**' or '**RECORD OF MEDICINES ADMINISTERED TO ALL CHILDREN**' form.
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This arrangement will continue until _____ (either end date of course of medicine or until instructed by parent).

Signed: - _____ Date: - _____

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.