

ST. JOSEPH'S PRIMARY SCHOOL

REQUEST FOR A SCHOOL TO ADMINISTER MEDICATION

The school will not give your child medicine 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 INSTRUCTIONS 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

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### Contact Details

Name \_\_\_\_\_

Phone No (home / mobile) \_\_\_\_\_

(work) \_\_\_\_\_

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 understand that I must notify the school of any changes in writing.

Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

### Agreement of Principal

I agree that \_\_\_\_\_ (name of child) will receive  
\_\_\_\_\_ (quantity and name of medicine) every day at  
\_\_\_\_\_ (time(s) medicine to be administered e.g. lunchtime or afternoon  
break).

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 Principal / 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.**