St Anthony's Primary School

43 Fairway
Larne
BT40 2BG
Telephone: 02828 260444
e-mail: info@stanthonysps.larne.ni.sch.uk

REQUEST FOR A SCHOOL TO ADMINISTER MEDICATION (FORM AM2)

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

Details of Pupil

Surname: _____   Forenames:_____

Address:
_____

Gender: _____ Date of Birth: _____ Class: P____

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?
_____

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Self-Administration:Yes / No (delete as appropriate)

Procedures in Case of an Emergency:

_____
_____

Contact Details

Name: _____ Phone No: (Home/Mobile/Work_____

Relationship to Pupil: _____ Address: _____

I understand that a parent/guardian, or an authorised adult, must deliver the medicine to a member of staff
and accept that this is a service which the school is not obliged to undertake.
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.**

Principal: Ms Á Fleming