



REQUEST FOR SCHOOL TO ADMINISTER MEDICATION

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

Legality

The school is not compelled to administer medication to children. Members of staff may volunteer to give or supervise pupils taking medication in the school day. Restrictions are also placed on school regarding the contents of First Aid boxes eg. no antiseptics or pain killers may be used or given.

Ideally

Parents should perform the administration of medication. From time to time parents request that staff assist with this and the school wishes to be helpful in this regard.

However the following conditions must be met:

1. Parents should ensure that medication is clearly marked with the name of the child, the name of the medication, the dosage, the times that the medication should be administered, the date of dispensing, storage required (if important) and expiry date.
2. Parents should hand the medication (**in a secure and labelled container as originally dispensed**) directly to the child's teacher.
3. The attached consent form must be completed.
4. Should there be any change to the arrangement outlined below, the parent must contact the school and clearly outline the necessary detail.

PUPIL DETAILS

Surname: _____ Forename(s) _____

Address: _____

Date of Birth: ____/____/____ M F

Class: _____

Condition of illness: _____

MEDICATION

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

Date dispensed _____

Expiry Date _____

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 _____

Phone No: (home/mobile) _____

(work) _____

Relationship to pupil: _____

Address _____

I understand that I must deliver the medicine personally to the Principal or class teacher, and accept that this is a service which the school is not obliged to undertake. Members of staff may volunteer to give or supervise pupils taking medication during the school day. I understand that I must notify the school of any changes in writing.

Signed: _____ Date: _____

(Parent/Guardian)

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.