

Parent/Carer to complete if they wish the school to administer medication.

The school will not give your child any medication unless you complete and sign this request form and the Headteacher has confirmed that school staff have agreed to administer the medication and where necessary have received appropriate training.

Details of Pupil

Surname	
Forename(s)	
Address	Male / Female
	Date of Birth
	Class
Condition or Illness	
Medication	
Name/Type of medication (as described on container)	
How long will your child take this medication for?	
Date dispensed	
Full directions for use	
Dosage and amount (as per instructions on container)	
Method	
Timing	
Special storage instruction (explain if this medication should remain in school or return home daily)	
Special precautions	
Side effects	
Self administration	
Action to be taken if pupil refuses to take the medication	
Procedure to take in an emergency	

Parent/Carer contact details

Name	
Daytime telephone number	
Relationship to pupil	
Address	
<p>I understand that I must deliver the medication personally to the agreed member of staff and I request that authorised staff administer the above medication to my child. I accept that this is a service which the school is not obliged to undertake.</p> <p>I consent to medical information concerning my child's health to be shared with other school staff and/or health professionals to the extent necessary to safeguard his/her health and welfare.</p> <p>I confirm that the medication has been prescribed by a doctor/consultant and that this information has been provided in consultation with my child's doctor/consultant.</p>	
Signature	Date

Each item of medication must be delivered in its original container and must be clearly labelled with the following information: pupil's name, name of medication, dosage, frequency of dosage, date of dispensing, storage requirements (if necessary) and expiry date.