



**Form 1 : REQUEST FOR SCHOOL TO ADMINISTER MEDICATION**

This form is for parents to complete if they wish the school to administer medication. The school will not give your child medicine unless you complete and sign this form, and the Head Teacher has agreed that school staff can administer the medication.

**PLEASE NOTE THAT WE CAN ONLY ADMINISTER MEDICINE THAT IS PRESCRIBED BY A DOCTOR FOR 4 X A DAY**

**DETAILS OF PUPIL**

Surname \_\_\_\_\_ Forename(s) \_\_\_\_\_

Male/Female: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Class \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

Condition or Illness \_\_\_\_\_

**MEDICATION**

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

For how long will your child take this medication: \_\_\_\_\_

Date dispensed : \_\_\_\_\_

**The above medication(s) have been/have not been\* prescribed by a doctor. They are clearly labelled indicating contents, dosage and child's name in full. \*Please delete as appropriate**

**FULL DIRECTIONS FOR USE**

Dosage and method \_\_\_\_\_ Self Administration: YES / NO

Timing \_\_\_\_\_

Special Precautions: \_\_\_\_\_

Side Effects: \_\_\_\_\_

Procedures to take in an Emergency: \_\_\_\_\_



**CONTACT DETAILS**

Name \_\_\_\_\_ Daytime Telephone No \_\_\_\_\_

Relationship to Pupil \_\_\_\_\_

Address (if different from the pupil) \_\_\_\_\_

\_\_\_\_\_

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.

Signed Parent/Carer \_\_\_\_\_ Date \_\_\_\_\_

Relationship to pupil: \_\_\_\_\_

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**Form completion by the School.**

I agree to arrange for the administration of medicines as requested by the parent.

Signed \_\_\_\_\_

Date \_\_\_\_\_