

DUNHOLME ST CHAD'S CE PRIMARY SCHOOL
Parental request for school to supervise self-administration of medication

The school will not supervise self-administration of medicines by a pupil unless you complete and sign this form and the Headteacher has given his/her authorisation.

DETAILS OF PUPIL Full Name

Class Date of Birth

Address

.....

Condition or illness

CONTACT DETAILS:

Name: Relationship to Pupil

Daytime Tel Nos.

Medical Practice Tel. No

MEDICATION – As appropriate medication must be in its original container, or a container suitable for a single dose, and clearly marked with the name of child. Parents/guardians are responsible for ensuring medication is in date and all necessary equipment is supplied. Out of date medication should be removed from school.

Name/Type of Medication (as described on container)

For how long will your child take this medication (please delete as appropriate) Short Term / Ongoing.....

Full Directions for use:

Dosage and method

Timing:.....

Special Precautions: Side Effects:

Procedures to take in an Emergency

.....

Storage arrangements for medication (Office/classroom as agreed by school)

I understand that I must deliver the medicine personally to the Head Teacher or the school office as previously agreed and accept that this is a service which the school is not obliged to undertake.

Signed (parent/guardian).....

Authorised Headteacher/Senior teacher

Name

.....

Date

Date

PTO for record of administration

