

SUPPORTING CHILDREN WITH MEDICAL NEEDS IN SCHOOL

The Administration of Medicines in School 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		DATE OF BIRTH	
		CLASS/FORM	
Condition or Illness			
Medication			
Name/type of medication (as described on container)			
<i>For how long will your child take this medication?</i>			
Full directions for use			
Dosage and amount (as per instructions on container)			
Method			
Timing			
Special storage instructions (explain if medicine 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			
Procedures to take in an emergency			
Name			
Daytime Telephone No			
Relationship to Pupil			
<p>I understand that I must deliver the medication personally to (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	
FULL NAME OF PARENT/CARER			

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.

