



## Request for the school to administer medication

If you wish the school to administer medication to your child please complete this form and bring it to the school with the medication. The school will not give your child medication without a completed and signed form and unless a member of the senior management team has agreed that school staff can administer the medication. The school will only administer medication which has been prescribed for the child by a medical practitioner. Signature of a form will be valid for one month. If medication is to continue for a longer period then a new form must be completed and signed each month.

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| Name of child                                                         |  |
| Condition or illness for which medication is required                 |  |
| Name/type of medication (as described on the container)               |  |
| Length of time in days for which the medication is to be administered |  |
| Date medication dispensed                                             |  |
| Dosage and method                                                     |  |
| Timing and frequency                                                  |  |
| Special precautions                                                   |  |
| Possible side effects                                                 |  |

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| <p>I confirm that the contact details which I have given the school are up to date. I understand that in the event of an emergency the school will use these details to contact me and will also, if necessary, take my child to hospital or call an ambulance.</p> <p>I understand that I must deliver the medicine personally to the agreed member of staff and accept that administration of medication is a service which the school is not obliged to undertake.</p> <p>Signature.....</p> <p>Relationship to child.....</p> <p>Date.....</p> |
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| <p>Member(s) of staff designated to take responsibility for administering the medication.....</p> <p>Agreed by a member of the senior management team</p> <p>Name..... Signature..... Date.....</p> |
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