



INSPIRE NURTURE BELIEVE ACHIEVE

Working together to be the best that we can be.

Parental request for medicine to be taken at school

School staff will not give your child medicine unless you complete and sign this form. The school has a policy that the staff can administer certain medicines.

Childs name:		DOB:
Medical condition/illness:		Class/form:
Name/type of medicine (as described on the container)	NB: Medicines must be in the original container as dispensed by the pharmacy	
Expiry date		
Dosage and method		
Times of day medicine is to be administered		
Date and time the most recent dose was given (school should not give the first dose of a medicine)		
Special precautions / instructions		
Are there any side effects that the school needs to know about?		
Procedures to take in an emergency		

Parental Request and Statement of Agreement

Please complete if medication is required to be self-administered e.g.-cream/eye drops

I (printed name of parent/carer)
<ul style="list-style-type: none">• request that my child self administer the above named medication• confirm that the information given is accurate and up-to-date• will inform the provision in writing of any changes to this information• understand that the self-administering of the medication will not be supervised by staff• agree to not hold staff responsible for loss, damage or injury associated with my child carrying and self-administering their medication
Signature of parent/carerDate:.....

The information provided overleaf, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy and the prescribers instructions.

I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

I understand that, where medicine is not self- administered, it will be given by non-medically qualified staff.

I agree not to hold staff responsible for loss, damage or injury when undertaking agreed administration/supervision of medication unless resulting from their negligence

I will abide by the schools policy and procedure for the delivery and return of medication

I will ensure adequate supply of in date medication

Name of Parent.....

Signature of parent..... Date.....

Relationship to Child.....

School Consent:

- The school agree to administer the above as requested
- Staff administering medication or supervising the administration of medication have received any necessary training
- Staff are insured to undertake the above

Name of Headteacher/designated person.....

SignatureDate.....

NB : If more than 1 medication is to be administered then a separate form should be used for each one.