

**REQUEST FOR SCHOOL TO ADMINISTER MEDICATION**

*Please complete and sign this form and hand to the office with your child's medication. Medicines will only be administered if they are prescribed by a doctor and are to be given more than 3 times daily and are in the original container showing the prescription label. Please note that we are unable to administer Calpol or equivalent, unless prescribed by a doctor. Piriton or equivalent may be administered during the hayfever season with parental consent. For any other essential non-prescribed medicines the school would need to take advice from the School Nurse.*

**I request the administration of medicine to:**

**Pupils Details**

Surname.....First name.....

Male/Female..... Class..... Date of birth.....

Address.....

Condition or illness.....

Medication Name/Type of Medication (See container).....

For how long will this medicine be administered?.....

Date Dispensed.....

*The above medication(s) has/have been prescribed by a doctor. They are clearly labelled indicating contents, dosage and child's name in full.*

Name of Prescribing Doctor.....

Address of Prescribing Doctor.....

Method.....

Times of Administration.....

Any special precautions .....

Any possible side effects.....

Is supervised self-administration possible?.....

Contact Details: Name .....

Daytime Telephone Number.....

Mobile Telephone Number.....

Relationship to pupil.....

Address.....

.....Postcode .....

*I understand that I must deliver the medicine personally to the office/class teacher and accept that this is a service that the school is not obliged to undertake and will only be able to administer medicines if it can make the staff time available. I understand that I remain responsible for ensuring that my child receives administration if the school is unable to. I understand that it is my responsibility to ensure that any out of date medicine is removed and replaced as necessary. I understand that I must notify the school of any changes in writing.*

Signed.....[Parent/Carer] Date .....