## 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		
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The above information is, 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:	
<ul> <li>The school agree to administer the above as requested</li> <li>Staff administering medication or supervising the administration have received any necessary training</li> <li>Staff are insured to undertake the above</li> </ul>	stration of medicatior
Name of Headteacher/designated person	

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

Signature ......Date......Date