

## REQUEST FOR THE SCHOOL TO ADMINISTER MEDICATION



**Please read these points carefully before filling in this form.**

- This form is to be used by those who wish the school to administer or supervise the administration of medication, whether prescribed or not, to their child or the child they have parental responsibility for
- Unless it has been fully completed and signed, the request to administer the medication will not be agreed to by the school
- In certain circumstances, the school reserves the right to turn down a request to administer medication and/or to withdraw administration of any medication altogether. In such cases, the signatory on this form will be notified either in writing or by telephone, together with the reasons why such a decision has been taken
- All parents or those who have parental responsibility are reminded that they must make every effort to arrange for medication to be taken under **THEIR** supervision and not that of the school, and during times that are outside of normal school hours
- It is also most important to understand that the school will **NOT** administer any medication, whether prescribed or not, that has **NOT** already previously been given to the child by the parent. This is to ensure that the risks of any adverse or allergic reaction to any new medication while at school is minimised as much as possible
- There may be occasions where it is appropriate for a pupil to self-administer a medicine during normal school hours. However, this can only be accepted following the completion of the appropriate form by the parent/carer
- Please ensure that your child is aware of any important details that they should know, for example the importance of letting a teacher at school know about any problems that might occur when they take the medicine (such as an allergic reaction)
- Further details of the school's policy on the administration of medication are available upon request, or a copy can be collected from reception

**Please note that it is essential that these forms are completed accurately.**

**PART A: DETAILS OF CHILD**

Forename(s):

Surname:

Date of birth:

Confirm age in years:

Is the medication:

- Prescribed (i.e. by a doctor, dentist or other professional practitioner)? **YES/NO** (If YES, please fill in Part B of this form.)
- Non-prescription (i.e. can be bought in a chemist shop without a doctor's prescription)? **YES/NO** (If YES, please fill in Part C of this form.)
- Both types? (Please confirm both types if you have answered YES to the first two questions.) **YES/NO**

**PART B: DETAILS OF PRESCRIBED MEDICATION**

- *In order for any medicines to be administered at any time, the school requires that the medicines are provided **ONLY** in their original packaging and clearly labelled in **PRINTED** form with the name of the child to whom it is to be administered and the dosage required.*
- *Where more than one medication is to be administered, there must be clear evidence that it is safe for such medications to be taken together. All the medication listed above must therefore be on the same prescription sheet from the doctor or dentist etc.*

Name of prescribed medication  (Copy this carefully from original packaging.)	Dosage  (e.g. twice per day)	Method of taking  (e.g. oral, injection, etc.)	Timing of dosage  (e.g. 10am and 2pm)	For how long?  (e.g. one week, ongoing, etc.)	Storage requirements  (e.g. cool, dry place or refrigerator, etc.)

**PART C: DETAILS OF NON-PRESCRIPTION MEDICATION**

- *In order for any medicines to be administered at any time, the school still requires that the medicines are provided **ONLY** in their original packaging and clearly labelled. Parents should also be absolutely certain that their child does not suffer any adverse or allergic reactions to any of the medications listed below. If any such reactions are known, they **MUST** be included.*
- *Where more than one medication is to be administered, there must be clear evidence that it is safe for such medications to be taken together.*

<b>Name of non-prescription medication</b>  (Copy this carefully from original packaging.)	<b>Dosage</b>  (e.g. twice per day)	<b>Method of taking</b>  (e.g. oral, injection, etc.)	<b>Timing of dosage</b>  (e.g. 10am and 2pm)	<b>For how long?</b>  (e.g. one week, ongoing, etc.)	<b>Will the child self-administer?</b>  Yes/No

**Is your child likely to suffer from any type of adverse or allergic reaction to any of the above listed medications? YES/NO**

If YES, please indicate clearly what these might be.

<b>Name of medication</b>  (Copy this carefully from original packaging.)	<b>Possible side-effects, adverse reactions or allergies</b>	<b>Emergency procedure in the event of serious reaction</b>

## **PART D: CONTACT DETAILS AND AUTHORISATION**

*Note: if at any time the contact details you give below should change, please inform the school at the earliest possible time. Thank you.*

**Name of person to contact:**

**Relationship to child:**

**Address:**

**Daytime telephone number:**

**Alternative contact number:**

**Mobile phone number:**

**Authorisation:**

I understand that, if the school accepts this request to administer the above medication, I must provide only the medication listed in Part B and Part C and it must be in the original packaging and clearly labelled as stated above.

I also confirm that, for any prescribed medication listed, my child's doctor has stated that it is necessary for it to be taken during school hours.

**Signed:**

**Date:**

**Print name:**

**Relationship to child:**

*Please note: Authorisation can only be given by a parent or a person with formal parental responsibility, such as a legal guardian.*

***Please note that for all medication should be delivered to the school office by a parent/carer rather than by the child.***

***It is most important for parents/ carers to ensure that the medication they provide to the school is within its use-by date and will remain so for the duration of the administration period. The school cannot administer medication that is past its use-by date.***