Supporting Children: Supporting Effective Learning

Admin 1a

REQUEST FOR SCHOOL TO ADMINISTER MEDICATION

Name of School:		Head Teacher:	

Form for parents to complete if they wish the school to administer medicine

The school will not give your child medicine unless you complete and sign this form, and volunteer school staff have agreed to administer.

Details of Pupil

Surname:			Forename(s):	
Address:				
Date of Birth:		Male:		Female:	
Condition or illness:				

Medication 1: *Parents must ensure that medication supplied is properly labelled with a Pharmacy or Dispensed label which states:*

- *Pupil's name*
- *Name of medicine*
- *Dose*
- *Frequency of administration*
- *Date of dispensing*

Name/type of medication:			
How long will your child take this medication?			
Quantity:			
Full directions for use:	Note dosage and method e.g. Oral, Injection, Tube Feed, or other. Timing when medicine should be given: Special precautions: Side effects: **N.B. "As directed" is not acceptable.**		
Self administration:	Yes		No	