



## Request to Administer Medication

Your child will not be given medicine at the school unless you complete and sign this form and hand it to Reception, together with the medication.

If it is the first time this request is made then it is advisable to contact the school first. Without prior knowledge the school has the right to refuse.

This form should be completed for all medication, whether prescription, herbal, or "over the counter".

### DETAILS OF STUDENT:

In case of regular medication, it is the responsibility of the student to report to reception at the appropriate times.

Surname	
Forename	
Date of birth	
Form group (if known)	
Condition or Illness	

### MEDICATION:

All medication should be retained in the original container issued by the pharmacist with instruction attached.

Name/Type of Medication (as prescribed on the container)	
For how long will your child take this medication	
Date dispensed	
Date of expiry	
Full Directions for use	
Dosage & method	
Procedure to take in any emergency	

### YOUR DETAILS:

Name of person completing this form	
Relationship to student	
Daytime contact number	

### PARENTAL CONSENT:

I confirm that the above details regarding my child's medication are correct and request that a designated member of school staff administer the medication as instructed. I note the date of expiry of the medication and I take full responsibility for the provision of replacement medication when necessary. I agree to collect any remaining medication at the end of the treatment period. I agree to notify the school, in writing, of any changes to the requirements for administration.

Signature:	Date:
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### FOR SCHOOL USE ONLY:

Form received by:	Signature:	Date
		Actioned by:
Members of Staff Informed	School Practitioner:	
	Nominee:	
	Headteacher: <b>Mr S Gray</b>	
	Admin Office: <b>T Atherton / A Grace / R James / L O'Donnell / A Parsons</b>	