



Request for School/Setting to Administer Medication

This information will be held securely and confidentially and will only be shared with those who have a role or responsibility in managing the administration of medication to your child.

Photo

This form must be completed by the child's parent/carer before the request can be considered

Child's Details

Name DoB.....

Address

Parent/carer's name and contact number.....

GP's name and contact number.....

Emergency contact name(s) and number(s).....

Details of Medication

Medical condition/illness.....

Medication name and strength.....

Medication formula (e.g. tablets) and amount given to school/setting (e.g. number of tablets supplied).....

NB Medications must be in the original container as dispensed by the pharmacy

Dosage and frequency/time of administration.....

Details for storage.....

Administering instructions.....

Any known side effects

Date first dose given Date last dose given.....

Potential Emergency Details

What would constitute an emergency?

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What to do in an emergency.....

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Parental Statement of Consent

I.....

- request and give my consent to school/setting administering this medication in accordance with the prescriber's instructions
- confirm that the information and instruction given is accurate and up- to- date
- will inform school/setting in writing of any changes to this information and instructions
- understand that the medication may be given by non-medically qualified staff
- agree to not hold staff responsible for loss, damage or injury when undertaking agreed administration of the medication unless resulting from their negligence
- will abide by the school's/setting's policy and procedure for the delivery and return of medication
- will ensure adequate supply of the medication that is within its expiry date

Signature of parent/carerDate.....

School/Setting-Statement of Agreement

Preston Primary School agrees to administer this medication

- in accordance with the prescriber's instructions
- until the end of the course of medication or until instructed otherwise in writing by the parent/carer

Name

SignatureDate.....