



# REQUEST FOR THE SCHOOL TO ADMINISTER MEDICATION

I request that	(full name of child)
be given the following medication	(name of medication as on packaging)
Dosage and time/s to be given	
Reason/s for medication	
Expiry date of medication	(as on packaging)

The above medication has been prescribed by the family doctor and is clearly labelled indicating contents, dosage and child's name. I consent to the administration of medication as stated on this form. In the case of long-term medication, I understand that it is my responsibility to ensure that the medication kept in school is within its expiry date.

Signed: \_\_\_\_\_ (parent/carer) Date: \_\_\_\_\_

Address: \_\_\_\_\_

*NOTES: Medication will not be accepted in the school unless this form is completed and signed by the parent or legal guardian of the child and the administration of the medicine is agreed by the Headteacher. The Headteacher reserves the right to withdraw this service.*

*The school does not have a dedicated fridge for medicine which is temperature controlled and therefore any medication requiring refrigeration cannot be held in school as its stability cannot be guaranteed.*

## TO BE COMPLETED BY THE MEMBER OF STAFF WHEN THE MEDICINE HAS BEEN ADMINISTERED

DATE	TIME	REASON	DOSAGE	NAME OF STAFF ADMINISTERING

### IN THE CASE OF LONG TERM/ON-GOING MEDICATION:

End date (if known)	
Time of day	