

REQUEST FOR SCHOOL TO ADMINISTER MEDICINE

The school will not give any child medicine unless a parent of carer has completed and signed this form, and the school has agreed to administer the medicine within current policy guidelines. The school will only administer prescribed medicine which has been brought to school in the original pharmacist’s container clearly labelled with the dose and possible side effects.

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| --- | --- | --- | --- | --- |
| Child’s name |  | | | |
| Date of Birth |  | | | |
| Class |  | | | |
| Medical condition or illness |  | | | |
| Name and phone number of GP |  | | | |
| Name of Medicine  (as described on the container) |  | | | |
| Date dispensed |  | | | |
| Expiry date |  | | | |
| Agreed review date (initialled by member of staff) | | |  |  |
| Dosage and method |  | | | |
| Timing |  | | | |
| Special Precautions |  | | | |
| Are there any side effects that the school need to know about? | |  | | |
| **Procedure to take in an emergency** | |  | | |
| Contact details |  | | | |
| Name |  | | | |
| Daytime telephone number |  | | | |
| Relationship to child |  | | | |
| Address |  | | | |
| I understand that it is my responsibility to deliver and collect the medicine personally | | | | 🞏 |

I accept that this is a service that Pound Hill Junior School is not obliged to undertake and that I must notify the school of any changes in writing.

Signature (s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_