

Preston & Wingham Primary Schools Federation

Request for School to Administer Medication

Please complete this form if you would like the school to administer medication to your child and hand it to the school office. The school will not give your child medication unless you complete and sign this form. A new form must be completed if **any** of the details change.

DETAILS OF PUPIL

Surname: _____ Forename: _____

Date of Birth: _____ Male/Female: _____ Year Group/ Class: _____

DETAILS OF MEDICATION

Name/Type of Medication: _____
(as described on the container)

Full Directions for use:

Storage Instructions _____

Dosage and method: _____

Timing: _____

Procedures to take in an emergency:

EMERGENCY CONTACT DETAILS: _____

I understand that I must deliver the medication personally to the school office, fully labelled, and accept that this is a service which the school is not obliged to undertake. The school will make every effort to administer the medication but cannot guarantee to do so. If it is essential that your child receives the medication we advise that you make arrangements to visit school to administer the medication. Prescription medicines should only be taken during the school day when essential. Written permission to administer medication must be received before the school can do so and the medication must be in the original container, with prescriber's instructions.

Written consent must be received before staff can administer paracetamol based medications, but staff are instructed by the Local Authority never to administer medications containing ibuprofen or aspirin unless it has been prescribed by a doctor.

Signature: _____ Date: _____

Relationship to pupil: _____

ADMINISTRATION OF MEDICATION (to be sent home to parents at the end of the school day)

CHILD'S NAME _____

MEDICATION _____

DOSAGE _____

TIME _____

ADMINISTRATOR _____