

Request for School to Administer Medication



Parental Request Form

Name of Student:	Date of Birth:
Year group:	PT
Doctors name and address:	
Condition the medication is for:	
Type of medication (tablets, mixture etc)	
Date dispensed:	Dosage:
Expiry date of medication:	
Time to be taken in school:	Is timing critical? Yes or No
How long will your child need this medication in school? _____ Days	

The medication needs to be readily available in case of an emergency	Yes	No
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<u>Additional Information</u>
Precautions/Side effects

1. School will administer medication to children that is prescribed four times a day by a doctor and only with a pharmacy label. The school will consider each request on its merits.
2. The school may refuse to administer medication for example: -
 - Where timing is critical and crucial to the health of the child and cannot be guaranteed.
 - Where specific technical or medical knowledge is required or
 - Where administration would make unacceptable intimate contact with the child.

(Please turn over)

3. The school will not agree to administer medication without a completed request form.
4. Any prescribed medicine must be supplied in the original container and labelled by the pharmacy. The school will refuse to administer any medication which is not supplied in this way.
5. For students on long-term medication the request form must be renewed at the beginning of each school year or if any changes to the dose/timings occur. Parents are responsible for notifying the school immediately of any changes in medicines or doses.
6. Parents are responsible for notifying the school immediately if the doctor has stopped the medication.
7. Parents are responsible for collecting and disposing of any unused or expired medicine at the end of the term or once the course of medicine has finished.
8. A record will be kept by the school of all medicines administered except for Students who have written permission from parents to carry their own medicines (please see separate form).
9. The school reserves the right to ask parents to supply a doctor's note to confirm the information given on the request form.
10. You may find it necessary to seek you doctor's help in completing this form.

Signed _____ Name _____

Relationship to child _____ Date _____