

## FORM 1 : REQUEST FOR SCHOOL TO ADMINISTER MEDICATION

This form is for parents to complete if they wish the school to administer medication. The school will not give your child medicine unless you complete and sign this form and the Head Teacher has agreed that school staff can administer the medication.

### Details of Pupil

Surname \_\_\_\_\_ Forenames \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Male/Female \_\_\_\_\_ Date of Birth \_\_\_\_\_ Class \_\_\_\_\_

Condition or Illness \_\_\_\_\_

### Medication

Name/Type of Medication (as described on the container) \_\_\_\_\_

For how long will your child take this medication \_\_\_\_\_

Date dispensed \_\_\_\_\_

### FULL DIRECTIONS FOR USE

Dosage and method : \_\_\_\_\_

Timing : \_\_\_\_\_

Special Precautions : \_\_\_\_\_

Side Effects : \_\_\_\_\_

Self-Administration : Yes / No

Procedures to take in an Emergency \_\_\_\_\_

### Contact Information

Name \_\_\_\_\_

Daytime Phone No. \_\_\_\_\_

Relationship to child \_\_\_\_\_

Medication has prescription label attached with child's name on it ☐

Medication is in date ☐

Signed : \_\_\_\_\_ Date : \_\_\_\_\_

Relationship to Child : \_\_\_\_\_