The school will not give your child any medication unless you complete and sign this request form and the Headteacher has confirmed that school staff have agreed to administer the medication and where necessary have received appropriate training.

**Details of Pupil**

|  |  |
| --- | --- |
| Surname | |
| Forename(s) | |
| Address | Male / Female |
| Date of Birth |
| Class |
| Condition or Illness | |
| Medication | |
| Name/Type of medication (as described on container) | |
| How long will your child take this medication for? | |
| Date dispensed | |
| Full directions for use | |
| Dosage and amount (as per instructions on container) | |
| Method | |
| Timing | |
| Special storage instruction (explain if this medication should remain in school or return home daily ) | |
| Special precautions | |
| Side effects | |
| Self-administration | |
| Action to be taken if pupil refuses to take the medication | |
| Procedure to take in an emergency | |

**Parent/Carer contact details**

|  |  |
| --- | --- |
| Name | |
| Daytime telephone number | |
| Relationship to pupil | |
| Address | |
| I understand that I must deliver the medication personally to the agreed member of staff and I request that authorised staff administer the above medication to my child. I accept that this is a service which the school is not obliged to undertake.  I consent to medical information concerning my child’s health to be shared with other school staff and/or health professionals to the extent necessary to safeguard his/her health and welfare.  I confirm that the medication has been prescribed by a doctor/consultant and that this information has been provided in consultation with my child’s doctor/consultant. | |
| Signature | Date |