



Prescribed Medicines

Request Form

To be completed by the parent/guardian and handed into the school office with the prescribed medicine in the original container. If more than one medicine is to be given, a separate form should be completed for each.

Child's name: Class:

Name of medicine:

Amount of medicine received by school: Expiry date:

Dose to be administered:

Time(s) to be administered:

Further instructions:

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Please note that this form is not for ASTHMA or EPILEPSY medication. A separate Care Plan is available in consultation with the School Nursing Team and the school's Inclusion Leader.

DECLARATION

I request that the above medication be given in accordance with the above information by a responsible member of the school staff who has received any necessary training and information. However, I acknowledge that school staff are not medically trained. I also understand that it may be necessary for this treatment to be carried out during educational visits and other out of school activities, as well as on the school premises.

I undertake to supply the school with medicines in properly labelled, original containers that clearly state the child's name, date of birth and dosage to be administered.

I accept that whilst my child is in the care of the school, the school staff stand in the position of the parent, and that the school staff may therefore need to arrange any medical aid considered necessary in an emergency. I understand that I will be informed of any such action as soon as possible.

Signed: Parent/Guardian Date:

Member of staff receiving request: Date:

Request approved / declined: Headteacher Date:

(delete as appropriate)