



PARENT/CARER REQUEST FOR SCHOOL TO ADMINISTER MEDICATION

Forename

Surname

Date of Birth

Form

Male

Female

Condition or illness

(e.g. asthma, diabetes, Cystic Fibrosis, Anaphylaxis, recovery from illness, etc.)

Doctors Name

Telephone No.

Medical Practice

Name of Medication

Type of medication (e.g. tablets, liquid, inhaler, Epipen, etc.)

Date Dispensed

Dosage and Method

Times to be
taken in school

Is precise timing critical?

Yes

No

For how long will your child need to take this medication?

For medication that need not be administered at pre-set times please indicate when it should be given

(e.g. before exercise, onset of asthma attack, onset of migraine, etc.)

The medication needs to be administered by a member of staff

Yes

No

My child is capable of administering the medication him/herself under the supervision of a member of staff

Yes

No

I would like my child to keep his/her medication on him/her for use as necessary

Yes

No

The medication needs to be readily accessible in case of emergency

Yes

No



Precautions or side effects

What would you like us to do in an emergency?

Emergency Contact Telephone

Home	<input type="text"/>	Mobile	<input type="text"/>
Work	<input type="text"/>	Other	<input type="text"/>

The doctor named above has advised that it is necessary for my child to receive his/her medication during school time.

I understand that teachers have no obligation to give or supervise the administration of medicines at school. However, I request that the medication named above be administered by/taken under supervision of a member staff, who may not have had any first aid or medical training.

The school, the Headteacher and staff accept no responsibility for any injury, death or damage suffered by a pupil as a result of the administration of medicine mentioned in this form, other than any injury, death or damage which arises because the school or any members of its staff have been negligent. I shall arrange to collect and dispose of any unused, expired medicine at the end of each term.

Parent/Carer Signature	<input type="text"/>	Date	<input type="text"/>
Print Name	<input type="text"/>		