



REQUEST TO ADMINISTER MEDICATION

This information will be held securely and confidentially and will only be shared with those who have a role or responsibility in managing the administration of medication to your child.

This form must be completed by the parent before the request can be considered

Name of School: RICHARD TAYLOR CE PRIMARY SCHOOL

Child's/Young Person's Details

Name DoB

Address.....

Parent/carer name and contact number

GP's name and contact number

Emergency contact name(s) and number(s)

Details of Medication

Medical condition/illness

Medication name and strength

Medication formula (e.g. tablets) and amount given to school/setting (e.g. number of tablets supplied)

NB Medications must be in the original container as dispensed by the pharmacy

Dosage and frequency/time of administration

Details for storage

Administering instructions

Any known side effects

Date first dose given Date last dose given



Potential Emergency Details

What would constitute an emergency?

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What to do in an emergency

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Parental Statement of Consent

I (printed name of parent/carer)

- request and give my consent to school/setting administering this medication in accordance with the prescribers instructions
- confirm that the information and instruction given is accurate and up-to-date
- will inform school/setting in writing of any changes to this information and instructions
- understand that the medication may be given by non-medically qualified staff
- agree to not hold staff responsible for loss, damage or injury when undertaking agreed administration of the medication unless resulting from their negligence
- will abide by the school's/setting's policy and procedure for the delivery and return of medication
- will ensure adequate supply of the medication that is within its expiry date

Signature of parent/carer **Date**

School/Setting Statement of Agreement

(Name of school/setting) **RICHARD TAYLOR CE PRIMARY SCHOOL** agrees to administer this medication

- in accordance with the prescriber's instructions
- until the end of the course of medication or until instructed otherwise in writing by the parent/carer

Name of Headteacher/Manager (please print)

Signature of Headteacher/Manager **Date**

NB Headteacher/Manager must establish that the appropriate knowledge, training and insurance requirements for the giving of this medication are met before agreement is given

If more than one medication is to be given then a separate form must be completed for each.

