SECTION 6: Medical Forms

Med Form 1- Request for School Staff to Administer Medication:

This form is for parents / carers to complete if they wish the school staff 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

1. To be completed by the parent / carer:

Pupil Information	
Pupil Surname	
Pupil Forename (s)	
Address	
Postcode	
Date of Birth	
Condition or illness	

Medication:				
Name of medication (as described on the container)				
How long is your child required to take the medication?				
Date dispensed				
Full Directions for Use:				
Dosage and Method				
Timing				
Special Precautions / any known allergies				
Self- Administration	**YES**		**NO**	
Procedures to take in an Emergency				
Emergency Contact Details				
Name				
Telephone Number				
Work Phone Number				
Relationship to Pupil				
Address				

Declaration:	
I understand that I must deliver the medicine personally/ ensure the safety of this medication reaching the school and accept that this is a service which the school is not obliged to undertake.	
Signature	
Date	
Relationship to Pupil	

2. To be completed by the Head Teacher (or designated person):

Confirmation of the Head Teacher's Agreement to Administer Medication:	
I agree that this pupil will receive the medication identified on this form. The pupil will be supervised / supported with their medication by trained members of staff. This arrangement will continue until either the end date of course of medicine or until instructed by parents / carers	
Signature	
Print Name	
Designation	
Date	

Once complete, a copy must be made of this document and given to the parent / carer with the original being stored in the pupil's PPR.

A copy can also be kept with the medication- ensure any copies made are updated when required

School Use:
A Generic Risk Assessment on the Safe Administration of Medication Within Educational Settings is required to accompany this form