

## 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:

| <b>Pupil Information</b>    |  |
|-----------------------------|--|
| <b>Pupil Surname</b>        |  |
| <b>Pupil Forename (s)</b>   |  |
| <b>Address</b>              |  |
| <b>Postcode</b>             |  |
| <b>Date of Birth</b>        |  |
| <b>Condition or illness</b> |  |

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

**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