

FORM 2



Request by Parent for School to administer medication

Example form for parents to complete if they wish the school to administer medication

The school will not give your child medicine unless you complete and sign this form, and the Principal has agreed that school staff can administer the medication

Details of Pupil

Surname: _____

Forename(s) _____

Address: _____

M/F: _____

Date of Birth: _____

Class/Form: _____

Condition or illness: _____

Medication

Name/ Type of medication (as described on the container)

For how long will your child take this medication:

Date dispensed: _____

Full direction for use:

Dosage and method:

Timing: _____

Special precautions:

Side effects:

Self-administration: _____

Procedures to take in an Emergency:

Contact Details

Name: _____

Daytime Telephone No: _____

Relationship to Pupil: _____

Address: _____

I understand that I must deliver the medicine personally to (agreed member of staff) and accept that this is a service which the school is not obliged to undertake.

Date: _____ Signature(s): _____

Relationship to pupil: _____

You may copy this form for record purposes

Form 3

School's agreement to administer medication

Example form for schools to complete and send to parent if they agree to administer medication to a named child

I agree that (name of child) will receive (quantity and name of medicine) every day at (time medicine to be administered e.g. lunchtime or afternoon break). (Name of child) will be given/ supervised whilst he/she take their medication by (name of member of staff). This arrangement will continue until (either end date of course of medicine or until instructed by parents).

Date: _____

Signed: _____ (The Principal/Named Member of Staff)