

Warden House Primary School



Request for School to Administer Medication

The school/setting will not give your child medicine unless you complete and sign this form, and the Headteacher has agreed that staff can administer the medication. The school is not obliged to undertake this service and offers to support families on a case by case basis as deemed appropriate by the Headteacher.

CHILD DETAILS

Male/Female:

Surname:

Date of Birth:

Forename(s):

Year Group:

Class:

Condition or Illness:

Medication Details

Name & Type of Medication (as described on the container):

Has this medication been prescribed by a GP: Yes / No

Date dispensed:

Expiry Date:

For how long will your child take this medication (Please include first date and last date):

Full prescription directions:

Dosage and method for at school:

Timing:

Special Precautions:

Side effects:

Self-Administration: (Y/N)	
Procedures to take in an Emergency:	
PARENT/CARER CONTACT DETAILS	
Name:	
Daytime telephone number:	
I understand that I must deliver the medicine personally to the School Office and that under no circumstances should children be left in charge of their own medication.	
Signature(s):	
Relationship to child:	Date:
Headteacher Authorisation	
Authorised by:	
Signature:	Date:

To be completed by School Staff					
Storage Instructions (please Tick ONE below)					
First Aid Box (In Classroom/Jungle Club)		First Aid Cupboard (In First Aid Room/Jungle Club)		Fridge (In First Aid Room/Jungle Club)	

In the case of non-prescription, pain-killing medication, the school will also ensure that parents and carers are sent a text message informing them of the date and time and dosage given. Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor.

