

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:
Address:	
Condition or Illness:	
Medication Details	
Name & Type of Medication (as described on the container)	
Has this medication been prescribed by a GP?	
Expiry Date:	
For how long will your child take this medication?	
Date dispensed:	Expiry Date:
Full directions for use:	
Dosage and method:	
Timing:	
Special Precautions:	
Side effects:	
Self-Administration: (Y/N)	
Procedures to take in an Emergency:	

To be completed by School Staff:					
Storage Instructions (please Tick ONE below)					
First Aid Box (In Classroom)		First Aid Cupboard (In First Aid Room)		Fridge (In First Aid Room)	
Parent/Carer Contact Details					
Name			Address		
Daytime telephone number					
Relationship to child					
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:		

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. The pupil will also be given an “*I’ve Received Medication at School Today*” slip to take home containing the same information.

These slips are to be completed and sent home along with a text message to parents and carers informing them when **non-prescription medication** is issued to a child in school. Parents and Carers must also complete a school medication form which must then be agreed by the headteacher before any non-prescription medication can be administered to a pupil.

I've received medication at school today

Name:

Class:

Date:

Name and Type of Medication:

Time of Dosage:

Amount Administered:

Name of Staff Member Administering the Medication:

Signed:



I've received medication at school today

Name:

Class:

Date:

Name and Type of Medication:

Time of Dosage:

Amount Administered:

Name of Staff Member Administering the Medication:

Signed:



I've received medication at school today

Name:

Class:

Date:

Name and Type of Medication:

Time of Dosage:

Amount Administered:

Name of Staff Member Administering the Medication:

Signed:

