

Request to administer medication

This information will be held securely and confidentially and will only be shared with those who have a role or responsibility in managing the administration of medication to your child.

This form must be completed by the parent/carer before the request can be considered.

Name of School Tockwith C of E Primary School

Child's Details

Name DoB

Address

Parent/carers name and contact number

GP's name and contact number

Emergency contact name(s) and number(s)

Details of Medication

Medical condition/illness

Medication name and strength

Date the course of medication will cease

Medication formula (e.g. tablets/liquid) and amount given to school
(e.g. number of tablets supplied/amount of liquid in the bottle)

NB Medications must be in the original container as dispensed by the pharmacy

Dosage and frequency/ time of administration

Details for storage

Administering instructions

Any known side effects

Date first dose was given

Date and time last dose was given

If a mistake is made while completing this register DO NOT cross it out or write over the top. The mistake needs to be marked with an asterisk and the below write 'Entered in error, should read...' and then insert the correct entry, sign and date.

Parental statement of consent

I (printed name of parent or carer)

request and give my consent to Tockwith C of E Primary School administering this medication in accordance with the prescriber's instructions

confirm that the information and instruction given is accurate and up-to-date

will inform Tockwith C of E Primary School in writing of any changes to this information and instructions

understand that the medication may be given by non-medically qualified staff

agree not to hold staff responsible for loss, damage or injury when undertaking agreed

administration of the medication unless resulting from their negligence

will abide by Tockwith C of E Primary School's policy and procedure for the delivery and return of medication

will ensure adequate supply of the medication that is within its expiry date

Signature of parent/carers

Date

To be completed by School

Date medication was accepted at school

Name who accepted medication at school

School Statement of Agreement

Tockwith C of E Primary School agrees to administer this medication

in accordance with the prescriber's instructions

until the end of the course of medication or until instructed otherwise in writing by the parent/carers

Name of headteacher/manager (please print)

Signature of headteacher/manager Date

Administration of Medication

Medicine	Date and Time	Dose	Amount of medication left	Reactions	Administered by	Comments /action/ side effects

If more than one medication is to be given then a separate form must be completed for each