

## **Form 2 - REQUEST FOR A SCHOOL TO ADMINISTER MEDICATION**

### **Kingsmills Primary School**

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 medicine.

#### **Details of Pupil**

Surname \_\_\_\_\_ Forename \_\_\_\_\_

Class \_\_\_\_\_

Condition or illness \_\_\_\_\_

#### **Medication**

**Parents must ensure that in date properly labelled medication is supplied.**

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

\_\_\_\_\_

Date dispensed \_\_\_\_\_

Expiry Date \_\_\_\_\_

#### **Full Directions for use**

Dosage and method

\_\_\_\_\_

**NB Dosage can only be changed on a Doctor's instructions**

Timing \_\_\_\_\_

Are there any side effects that the School needs to know about?

\_\_\_\_\_

Self-Administration Yes/No (*delete as appropriate*)

#### **Procedures to take in an Emergency**

\_\_\_\_\_

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### Contact Details

Name \_\_\_\_\_

Phone No (home/mobile) \_\_\_\_\_

Relationship to Pupil \_\_\_\_\_

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. I understand that I must notify the school of any changes in writing.

Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

### Agreement of Principal

I agree that \_\_\_\_\_ (*name of child*) will receive

\_\_\_\_\_ (*quantity and name of medicine*) every

day at \_\_\_\_\_ (*time(s) medicine to be administered e.g. lunchtime or afternoon break*).

This child will be given/supervised whilst he/she takes their medication by

\_\_\_\_\_ (*name of staff member*).

This arrangement will continue until \_\_\_\_\_ (*either end date of course of medicine or until instructed by parents*).

Signed \_\_\_\_\_ Date \_\_\_\_\_

(*The Principal/authorised member of staff*)

**The original should be retained on the school file and a copy sent to the parents to confirm the school's agreement to administer medication to the named pupil.**