

Request for the school to administer **non-prescription** medication

The staff will not give your child **non-prescription** medicine unless you complete and sign this form, and the headteacher has agreed that the staff can administer the medication. Please read and sign the disclaimer below.

DETAILS OF PUPIL

Surname: M/F:
 Forename(s): Date of Birth:
 Address:
 Condition or illness:

MEDICATION

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

Date and time medication was last administered at home:

Full directions for use:

Dosage and method:

Timing: **Please circle** 10.30 o'clock 12.00pm

Special precautions:

Side Effects:

Adult or Independent Administration: (please specify)

Procedures to take in an Emergency:.....

CONTACT DETAILS:

Name of Parent/Carer: Daytime Phone No:
 Relationship to pupil:
 Address:

My child is basically well enough to attend school, but may require this medication to be administered during the course of the day. I understand that I must deliver the medication personally to the office. I will also collect the medication from the class at the end of the day. I accept that this is a service, which school staff are not obliged to undertake.

LEGAL DISCLAIMER

I understand that neither the headteacher nor anyone acting on his/her authority, nor the Governing Body, nor All Saints Schools Trust will be liable for any illness or injury to the child arising from the administering of the medication or drug unless caused by the negligence of the headteacher, the person acting on his/her authority, the Governing Body or All Saints Schools Trust as the case may be.

Signature: _____ Relationship to pupil: _____ Date: _____

Staff to complete:

| | | | |
|-------------------------|--|--|--|
| Date | | | |
| Time given | | | |
| Dose given | | | |
| Name of member of staff | | | |
| Staff initials | | | |

To _____

Child's Name _____ Class _____

Name of non prescription medicine _____

Please be advised that the above medicine was administered as below/not administered

| | | | |
|-------------------------|--|--|--|
| Date | | | |
| Time given | | | |
| Dose given | | | |
| Name of member of staff | | | |
| Staff initials | | | |

To _____

Child's Name _____ Class _____

Name of non prescription medicine _____

Please be advised that the above medicine was administered as below/not administered

| | | | |
|-------------------------|--|--|--|
| Date | | | |
| Time given | | | |
| Dose given | | | |
| Name of member of staff | | | |
| Staff initials | | | |

To _____

Child's Name _____ Class _____

Name of non prescription medicine _____

Please be advised that the above medicine was administered as below/not administered

| | | | |
|-------------------------|--|--|--|
| Date | | | |
| Time given | | | |
| Dose given | | | |
| Name of member of staff | | | |
| Staff initials | | | |

