

Appendix 4

Request for school to administer medication

The school will not give your child medicine unless you complete and sign this form, and the head teacher has agreed that school staff can administer medication.

Child's Surname: Forename(s): DOB: M F NHS No: Address: Post Code: Year/Class Condition/Illness: **Medication**Name/Type of medication (as per dispensary label): For how long will your child take this medication?

Date dispensed:

Expiry date: Dosage (amount) and method of administration: Time(s) to be given: Special precautions (if any): Known side effects:

Self-administration:

Yes No

Procedures to take in any emergency:

Contact Information

Family Contact 1:

Name:

Home Telephone:

Work Telephone:

Relationship:

Family Contact 2:

Name:

Home Telephone:

Work Telephone:

Relationship:

Parental Agreement:

I understand that I must deliver the medicine personally to _____
(name of staff member receiving medication) and accept that this is a service which the
school is not obliged to undertake.

Signature: Date:

Name (print):

Relationship to Pupil:

GDPR 2018

The information that you supply to us will be used following the schools GDPR Data Protection Policy. A copy of this is available from school and is on the schools website.