

APPENDIX A

REQUEST FOR ADMINISTRATION OF MEDICINES

To: Headteacher ofSchool

From: Parent/Guardian ofFull Name of Child

Date of birth:

My child has been diagnosed as suffering from :
(name of illness)

He/She is considered fit for school but requires the following prescribed medicine
to be administered during school hours
(name of medicine)

Could you please therefore administer(dosage) attime

With effect from:(date)

to* :.....(date)*

The medicine should be administered by mouth**/ in the ear**/ nasally**/
other(please specify)**

* Delete if long term medication

** Delete as appropriate

I understand that all staff are acting voluntarily in administering medicines and
have the right to refuse to administer medication. I understand that the school
staff cannot undertake to monitor the use of inhalers carried by children, and that
the school is not responsible for loss or damage to any medication.

I undertake to update the school with any changes in administration for routine or
emergency medication and to maintain an in – date supply of the medication.

Signed:Date:.....

Name of Parent/Guardian:(Please print)

Name of Child:.....(Please print)

Contact Details : Telephone no Home :

Work :

PLEASE ENSURE THAT EACH SECTION IS READ IN CONJUNCTION WITH THE
WHOLE DOCUMENT.

RECORD OF MEDICINE ADMINISTERED TO AN INDIVIDUAL CHILD

Name of school/setting

Name of child

Date of medicine provide by parent

Group/class/form

Quantity received

Name and strength of medicine

Expiry date

Quantity returned

Dose and frequency of medicine

Staff signature

Signature of parent

Date	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
Time given	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dose given	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of member of staff	<input type="text"/>	<input type="text"/>	<input type="text"/>
Staff initials	<input type="text"/>	<input type="text"/>	<input type="text"/>
Witness	<input type="text"/>	<input type="text"/>	<input type="text"/>

Continued overleaf