

## Request for Administration of Medicine

**ALL MEDICATION TO ENTER SCHOOL THROUGH THE OFFICE**



The administration of medication remains the responsibility of the parent/carer. We would ask that all medication is given at home and only given in school if it is detrimental to the child's health. Please consult with your GP to prescribe medication in doses that allow them to be taken at home (3 doses per day). Where medication is essential and to be administered a minimum of 4 times a day, please complete and return this form to the Office.

**This does not apply to emergency medication such as Ventolin Inhalers and Epi Pens.**

Childs Full Name:

Childs Full Name:

Class:

Class:

Date of Birth:

Date of Birth:

Home Address:

Home Address:

Emergency Contact:

Emergency Contact:

Mobile No:

Mobile No:

Work Tel:

Work Tel:

GP Name/Tel No:

GP Name/Tel No:

Reason for medication:

Reason for medication:
Name & Strength of Medicine:
Dose & Frequency:
Expiry Date:
Course Completion Date:

**ALL MEDICATION WILL BE RETURNED AT THE END OF THE ACADEMIC YEAR & A NEW MEDICAL FORM WILL BE REQUIRED FOR THE FOLLOWING YEAR.**

Special Instructions:	Allergies:

**Please read carefully and tick appropriate boxes:**

My Child will be responsible for the self-administration of medicines as directed above.

I agree to members of staff administering medicines as directed above.

I recognise that staff are not medically qualified.

Signed (parent/guardian): \_\_\_\_\_

Date: \_\_\_\_\_

Office use only	✓ Staff Name & Signature	Date
Medication received and checked		
Medication entered onto tracker		
Medication secured in pouch and in First Aid or		
Medication sent to class (with master copy)		
Copy of this form attached to Arbor Record		