

Appendix A

Request for the school to administer medication

The school will not give your child medicine unless you complete and sign this form, and the headteacher has agreed that school staff can administer the medication. Please read and sign the disclaimer printed overleaf

DETAILS OF PUPIL

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

MEDICATION

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

Date dispensed:

Full Directions for use:

Dosage and method:

Timing:

Special precautions:

Side Effects:

Self Administration:

Procedures to take in an Emergency:

CONTACT DETAILS:

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

My child's doctor has prescribed the above medication. I understand that I must deliver the medication personally to an agreed member of staff. I accept that this is a service which the school is not obliged to undertake.

Signature: Date:
Relationship to pupil:

PTO →

LEGAL DISCLAIMER

I understand that neither the Headteacher nor anyone acting on his/her authority, nor the Governing Body, nor Suffolk County Council 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 Suffolk County Council, as the case may be.

Signature:

Date:

Relationship to pupil: