

ADMINISTERING MEDICINES SLIP



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.

Details of pupil

Surname: M / F

Forename(s): Date of birth:

Address: Class:

.....

.....

Condition or illness

Medication

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

For how long will your child take this medication?

Date dispensed

Full directions for use

Dosage and method

Timing

Special Precautions

Side effects

Self administration

Contact details

Name Tel No:

Relationship to pupil

Address (if different to pupil)

I, the parent/ guardian of the above named child, request and give permission for the Headteacher, or person acting on his/her authority, to administer the above medication in emergency circumstances and in accordance with the directions given. I understand that neither the Headteacher nor anyone acting on his/ her authority, nor the Governing Body nor Children's Endeavour Trust will be liable for any illness or injury to the child arising from the administering of the medicine or drug unless caused by the negligence of the Headteacher, the person acting on his/ her authority, the Governing Body or Children's Endeavour Trust, as the case may be. I understand that I must deliver the medicine personally to an agreed member of staff and accept that this is a service which the school is not obliged to undertake.

Signed: Date: