REQUEST FOR 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. **All medication must be in the correct packaging with instructions from the doctor clearly visible.**

Pupil Name: _____ Class: _____

Condition or Illness			
Name/Type of Medication (as described on the container)			
Date Dispensed by Doctor			
Dosage & Method			
Timings / number of days required	time	days	last day
Is medication being left in school	Yes / No		
Special Precautions			
Side Effects			
Self Administration	Yes / No		
Procedure in Case of Emergency			

LEGAL DISCLAIMER - Please read and sign below.

- 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 understand that neither the Head teacher 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 Head teacher, the person acting on his/her authority, the Governing Body, or Suffolk County council, as the case may be.
- I accept that this is a service that the school is not obliged to undertake.
- On signing this I understand that the school will endeavour to administer the medication as required but cannot always guarantee this.

PARENT CONTACT DEAILS

Name of Parent/Carer _____ Signature _____

Relationship to child _____ Date _____

Daytime Phone No. _____