REQUEST FOR OUR LADY SCHOOL TO ADMINISTER MEDICATION

Appendix 4 (Only use this form for Residential & School Trips)

The school will not give your child medicine unless you complete and sign this form AND THE HEAD TEACHER HAS AGREED THAT SCHOOL STAFF CAN ADMINISTER THE MEDICATION.

DETAILS OF PUPIL

Surname……

Forename……

Address……

DOB…….……. M/F…….. Class……..……

Condition or illness……

MEDICATION

Name/type of Medication……

For how long will your child take this medication……

Date dispensed……

FULL DIRECTIONS FOR USE

Dosage and Method……

Times to be administered……..

Special precautions……

Procedure in case of emergency/side effects……

……

I give/do not give* permission for my child to receive pain relieving medication when appropriate (Calpol or Piriton)
PLEASE NOTE THAT ONLY THIS MEDICATION WILL BE PROVIDED BY OUR LADY SCHOOL

CONTACT DETAILS

Name……

Contact number & address ……

……

Relationship to pupil……

I understand that I must deliver the medicine personally (to an agreed member of staff) and that this is a service which the school is not obliged to undertake.

Signature of adult…… Date……

Relationship to pupil……

PLEASE ENSURE THIS FORM IS RETURNED TO THE SCHOOL OFFICE

Record of medicine administered to all children

Name of school/setting	

Date	Child's name	Time	Name of medicine	Dose given	Any reactions	Signature of staff	Print name

Appendix 3