

**EAST RENFREWSHIRE COUNCIL
EDUCATION DEPARTMENT**

**REQUEST FOR THE ADMINISTERING OF MEDICINES
IN EDUCATIONAL ESTABLISHMENTS**

The information you supply on this form will be used by East Renfrewshire Council as pupil administrative information. We will use your information to verify your identity where required, contact you by post, email or telephone and to maintain our records. The council will use this information because we need to do so to perform a task carried out in the public interest by the council. If you do not provide us with the information we have asked for then we will not be able to provide this service to you. We also need to process more sensitive personal information about you for reasons of substantial public interest as set out in the Data Protection Act 2018. It is necessary for us to process it to carry out key functions as outlined in law. You can find out more about how we handle this information and your rights in respect of it by going to www.eastrenfrewshire.gov.uk/privacy. If you do not have access to a computer and wish a paper copy please let us know by contacting your child's school.

To the Head Teacher

I request that:

Full name of pupil	
Date of Birth	
Class	

be given the following medicine(s) whilst at school:

Medical Condition or illness					
Name/Type of Medicine (as described on container)					
Expiry date					
Duration of course					
Dosage and method					
Time(s) to be given					
Other comments					
Self-Administration (delete as appropriate)	Yes		No		
Name and telephone number of GP					

continued over

I understand that I must deliver the medicine personally to the school and accept that this is a service that the school is not required to provide. I understand that I must notify the school of any changes in writing.

Print Name (Parent/Carer)	
Signed	
Date	
Telephone Number	
Email Address	
Address	

To be completed by the Head Teacher or his/her delegates representative:

I agree to:

Full name of pupil	
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being given:

Name/Type of Medicine (as described on container)	
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This agreement expires on:

Date	
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School	
Date	