

Parental Request for Self-Administration of Medication

HSI 2
Appendix 3.3

To:	The Head teacher		
School:			
<u>I wish my son/daughter, when necessary, to be permitted to take the following medicine(s) and/or perform the following clinical test(s)</u>			
<u>Name of pupil</u>	<u>Date of Birth</u>	<u>Class/Teacher</u>	<u>Date request made</u>
Name of medical condition			
(a) Details of medicine(s) and/or test(s)			
<u>Name of medicine(s) or test(s)</u>	<u>Dosage</u>	<u>Time to be administered (am/pm)</u>	<u>Only as required (tick)</u>
(b) Please indicate the circumstances in which the medicine(s) or test(s) should be administered			
(c) Dose of medicine(s) to be given and means of administration and/or other details of test			
(d) Length of time current supply of medicine(s) will cover			
<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>
			<u>Friday</u>
			<u>Ongoing</u>
			<u>Medication and/or test kit to be replenished/updated regularly</u>
(e) It is/It is not necessary for a member of staff to record each dose of medicine and/or each test performed <u>My son/daughter will carry the above medicine(s) at all times, for taking as required. I undertake to advise you immediately of any change of treatment prescribed by my doctor or hospital.</u>			
<u>Name address and telephone number of GP or Paediatric Consultant</u>			
<u>Name address and telephone number of parent/carer</u>			
I undertake to deliver the medicine(s) and/or test materials personally to school, and to replace them whenever necessary. I also undertake to advise you immediately of any changes in treatment prescribed by doctor or hospital.			
Signed by:		Relationship to child:	Date:

