**Administration of Medicines in Education – Form One**

**Part One – Parental request**

*To be completed by parents if they request the school/establishment to administer medicine.*

*Your child* ***will not*** *be given medicine unless you complete and sign this form.*

This form can also be completed by the child/young person if they are 12 years or over.

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| **Details of pupil** |
| **Surname** |  | **Forename** |  |
| **Address** |  |
| **Date of birth** |  | M F | **Stage/Class** |
| **Condition or illness** |  |
| **Medication** |
| **Name/type of medication (as described on the container)** |  |
| **For how long will your child take this medication?** | **From:** | **To:** |
| **Date dispensed** |  | **Expiry date** |  |
| *\*Parents must ensure that in date properly labelled medication is supplied.* |
| **Full directions for use** |  |
| **Dosage and method** |  |
| **Timing** |  |
| **Special precautions** |  |
| **Additional information**e.g. side effects, any alternative emergency contact details, etc. |  |

I agree that the medical information contained in this form may be shared with individuals involved in the care and education of ... ... ... ... ... ... ... ... ... ... ... ... ... ... (pupil’s name)

I understand that I must deliver the medicine personally to (Julie Connell-Beaton / Jane Minelly) and accept that this is a service which the school is not obliged to undertake.

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature(s) of parent/carer** |  | **Date** |  |

*\*Parents should be aware that it is their responsibility to replace medicines which are past their expiry date.*

**Please use a separate form for each medication.**

**To be retained in education establishment**