

FORM 3: PARENTAL REQUEST FOR SCHOOL STAFF TO ADMINISTER MEDICATION

School staff will not give your child medicine unless:-



- you complete and sign this form and
- the Headteacher has agreed that school staff can administer the medicine

Child or young person's name	
Date of birth	
Address	
Condition or illness	
MEDICATION	
Name/type of medication (as described on the container)	
Prescribed by	GP, Hospital, Other (specify):
Name of prescriber	
Address of prescriber	
Written instructions from a medical professional are required. The written instruction on the medication is normally sufficient if it is the original pharmacy label as this matches the prescription from the GP.	
Date dispensed <i>(Parent must ensure that in date and properly labelled medication is supplied)</i>	
Length of time medicine will cover or expiry date of medication	
Full directions for use	
Timing	
Special precautions	
Possible side effects	

Procedures to take in an emergency

CONTACT INFORMATION	
Name	
Daytime telephone number	
Relationship to child	

I accept responsibility for:

- delivering the medicine(s) personally to you, and to replace wherever necessary.
- ensuring that medication is correctly labelled in the original pharmacy packaging and has not passed any 'use by' date.
- providing a clearly labelled airtight container
- checking whether the school holds emergency medication that is appropriate for my child and have indicated if this is suitable in the form above.
- advising you immediately of any change of treatment prescribed by any doctor or hospital.

I understand the terms of the Staff Indemnity:

The Local Authority hereby indemnifies and holds harmless all staff at the school from, and against all actions, costs, charges, losses, damages and expenses which they or any of them shall or may incur or sustain by reason of any act or omission by them, in the administration of the medication to the child or young person, provided always that the member of staff has acted within the remit of their authority and without malice.

Signature(s)	
Date	
Relationship to child	

SCHOOL AGREEMENT

Name of staff volunteers	
NHS comments	
Signed:	Date:
<i>(Headteacher/named member of staff)</i>	