**Med form 1**

**Request for School to Administer Medication**

This form is for parents to complete if they wish the school to administer medication. 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(s):

Address:

Post Code:

Male/Female:

Date of Birth:

Class:

Condition or Illness:

**MEDICATION**

Name / Type of Medication as described on the container (please provide meds in the original packaging)

For how long will your child take this medication? (End date of course of medicine)

Date dispensed:

***FULL DIRECTIONS FOR USE***

Dosage and method:

Timing:

Special precautions:

Side effects:

Self-administration: YES / NO

Procedures to take in an Emergency:

Pupil name:

Class:

**CONTACT DETAILS for**

Name:

Daytime Telephone No:

Work Telephone No. ………………………………..

Mobile Telephone No. ……………………………….

Relationship to pupil:

Address:

I understand that I must deliver the medicine personally to the Head Teacher and accept that this is a service which the school is not obliged to undertake.

Date: Signature(s):

Relationship to pupil

**Med form 2**

**CONFIRMATION OF THE HEAD TEACHER’S AGREEMENT TO ADMINISTER MEDICATION**

This form is for schools to complete and send to parent if they agree to administer medication to a named child.

I agree that ***……………………………………..…*** will receive ***……………………………………………….….*** every day at ***………………………………………….……..***.

**………………………….** will be ***given / supervised*** whilst he / she takes their medication by ***…………………………………***

This arrangement will continue until either end date of course of medicine or until instructed by parents.

Name: ……………………………………

Signed ………….......................................

(Head teacher or Acting Principal Teacher)

Date: ………………………………………