



## Request for School/Setting to Administer Medication (Form Med 1)

This information will be held securely and confidentially and will only be shared with those who have a role or responsibility in managing the administration of medication to your child.

This form must be completed by the child's/young person's parent before the request can be considered

Name of School/Setting .....

### Child's/Young Person's Details

Name ..... DoB.....  
Address .....  
Parent/carer name and contact number.....  
GP's name and contact number.....  
Emergency contact name(s) and number(s).....

### Details of Medication

Medical condition/illness.....  
Medication name and strength.....  
Medication formula (e.g. tablets) and amount given to school/setting (e.g. number of tablets supplied).....  
**NB Medications must be in the original container as dispensed by the pharmacy**  
Dosage and frequency/time of administration.....  
Details for storage.....  
Administering instructions.....  
Any known side effects .....

Date first dose given ..... Date last dose given.....

### Potential Emergency Details

What would constitute an emergency? .....

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What to do in an emergency.....

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### Parental Statement of Consent

I (printed name of parent/carer).....

- request and give my consent to school/setting administering this medication in accordance with the prescriber's instructions
- confirm that the information and instruction given is accurate and up-to-date
- will inform school/setting in writing of any changes to this information and instructions
- understand that the medication may be given by non-medically qualified staff
- agree to not hold staff responsible for loss, damage or injury when undertaking agreed administration of the medication unless resulting from their negligence
- will abide by the school's/setting's policy and procedure for the delivery and return of medication
- will ensure adequate supply of the medication that is within its expiry date

Signature of parent/carer ..... Date.....

### School/Setting-Statement of Agreement

(Name of school/setting) ...**WESTERN PRIMARY SCHOOL**.... agrees to administer this medication

- in accordance with the prescriber's instructions
- until the end of the course of medication or until instructed otherwise in writing by the parent/carer

Name of Headteacher/Manager (please print).....

Signature of Headteacher/Manager ..... Date.....

**NB Headteacher/Manager must establish that the appropriate knowledge, training and insurance requirements for the giving of this medication are met before agreement is given**

**If more than one medication is to be given then a separate form must be completed for each**