To be completed by the parent/carer:

|  |  |
| --- | --- |
| **Pupil’s name:**       | **Date of birth:**       |

* I request that the above pupil be given the following medication while at school.
* I have given the first dose of this medication to my child and no adverse reaction has been observed.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of medication** | **Dose to be given** | **Minimum time between****doses** | **Medication to be given if the following symptoms occur** | **Procedures to take in an emergency** |
|       |       |       |       |       |

* A doctor has not prescribed this medication.
* It is in the container in which it was purchased and is clearly labelled with the child’s name in full and the dose to be given.
* I realise that this is not a service that the school is obliged to undertake.
* I accept full responsibility for informing the school if my child has been given a dose of this medication before coming to school.
* I accept responsibility for ensuring that the medicine has not expired and that there will be enough medicine supplied to the school for my child’s needs.
* I will collect all unused medicine from the school at the end of the summer term.
* I accept that the school will destroy any unused medication that remains uncollected.

|  |
| --- |
| **Parent/carer’s name (please print):**       |
| **Address:**       | 🕾 **Home:**       |
| 🕾 **Work:**       |
| 🕾 **Mobile:**       |
| **Signature:** | **Date:**       |

**Note:** The school will not accept medication unless this form is completed and signed by the parent/carer of the pupil and the Head Teacher agrees the administration of the medication.

The Head Teacher reserves the right to withdraw this service.

To be completed by school:

**CONFIRMATION OF THE SCHOOL’S AGREEMENT TO ADMINISTER NON-PRESCRIBED MEDICATION**

|  |  |
| --- | --- |
| I agree that (name of child): |       |
|  |
| will receive (quantity and name of medicine): |       |
| as detailed overleaf. |

This child will be given/supervised whilst he/she takes their medication by a member of staff.

If a member of staff is not available to give/supervise the administration of this medication for any reason, the medication will not be given to the child and the parent will be informed.

|  |  |
| --- | --- |
| **Name of Head Teacher/designated person:** |       |
| **Signature:** |  | **Date:** |       |

**CONFIRMATION OF STAFF’S AGREEMENT TO ADMINISTER NON-PRESCRIBED MEDICATION**

I have read this request for the school to issue non-prescribed medication in school and agree to administer as detailed above to this pupil.

|  |  |  |  |
| --- | --- | --- | --- |
| **Staff Member** | **Job Title** | **Date** | **Signature** |
|       |       |       |  |
|       |       |       |  |
|       |       |       |  |
|       |       |       |  |
|       |       |       |  |
|       |       |       |  |
|       |       |       |  |
|       |       |       |  |

**N.B. Copy to be given to parent/carer**