



# QUEEN MARY'S HIGH SCHOOL

## REQUEST FOR SCHOOL TO ADMINISTER MEDICATION

ACADEMIC YEAR 2015-16

The school will not give prescription medicine to your child unless you complete and sign this form, and the Headteacher has agreed that a first aider may administer the medication on your behalf. You will need to provide us with two sets of medication. We will store one in the school reception and one will be kept at the Pavilion at QMGS for PE lessons.

### DETAILS OF PUPIL

Surname: \_\_\_\_\_

Forename(s) \_\_\_\_\_

Address: \_\_\_\_\_ M/F: \_\_\_\_\_

\_\_\_\_\_ Date of Birth: \_\_\_\_\_

\_\_\_\_\_ Form: \_\_\_\_\_

Condition of illness: \_\_\_\_\_

### MEDICATION

Name/Type of Medication (as described on the container) \_\_\_\_\_

For how long will your child take this medication: \_\_\_\_\_

Date dispensed: \_\_\_\_\_

### FULL DIRECTIONS FOR USE:

Dosage and method: \_\_\_\_\_

Timing: \_\_\_\_\_

Special Precautions: \_\_\_\_\_

Side Effects: \_\_\_\_\_

Self Administration: \_\_\_\_\_

Procedures to take in an Emergency: \_\_\_\_\_

### CONTACT DETAILS:

Name: \_\_\_\_\_ Daytime Telephone No \_\_\_\_\_

Relationship to Pupil \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

I understand that this is a service which the school is not obliged to undertake and that the school will not be held responsible for any adverse conditions that my child may develop as a result of medication being administered by a first aider.

Date: \_\_\_\_\_ Signature(s): \_\_\_\_\_

\_\_\_\_\_

Relationship to pupil: \_\_\_\_\_