FORM 2

QUEEN MARY'S HIGH SCHOOL

REQUEST FOR MEDICATION TO BE KEPT IN SCHOOL FOR SELF ADMINISTERING

ACADEMIC YEAR 2015-2016

The school will not keep prescribed medication in school for your child unless you complete and sign this form, and the Headteacher has agreed to it.

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 taken in school. I agree that my child will sign the routine medicine log book (located in reception) when they need to take their medication.

Date: _____ Signature(s): _____

_____

Relationship to pupil: _____