

**REQUEST FOR SCHOOL TO ADMINISTER MEDICATION IN AN EMERGENCY**

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 in an emergency on your behalf.

**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: \_\_\_\_\_