

# EASTRY CHURCH OF ENGLAND PRIMARY SCHOOL

## Request for School to Administer Medication

The school will not give your child medicine unless you complete and sign this form, and the Headteacher has agreed that school staff can administer the medication.

### DETAILS OF PUPIL

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

Date of Birth: \_\_\_\_\_ Male/Female: \_\_\_\_\_ Year: \_\_\_\_\_

### MEDICATION

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

#### Full Directions for use:

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

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

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

**CONTACT DETAILS: Please supply on an extra sheet, if different from school records.**

I understand that I must deliver the medicine personally to the school office fully labelled and accept that this is a service which the school is not obliged to undertake. Prescription medicines should only be taken during the school day when essential. Written permission to administer medication must be received before the school can do so and the medication must be in the original container, with prescriber's instructions.

Written consent must be received before staff can administer paracetamol based medications, but staff are instructed by the Local Authority never to administer medications containing ibuprofen or aspirin unless it has been prescribed by a doctor.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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