Grove Road Community Primary School

Grove Road School is enhanced to support children with behavioural, emotional and social difficulties

Request for School to administer medication (Form Med 1)

This information will be held securely and confidentially and will only be shared with those who have a role or responsibility in managing the administration of medication to your child.

This form must be completed by the child's parent or carer before the request can be considered.

Child's photograph (if available)	Child's name

If more than one medication is to be given then a separate form must be completed for each one.

Request to be renewed annually (each September) and/or if medication changes

Child's details

Name: ……..….. Address: ….……

DOB: ……..… GP or Practice name & Tel. No.: ....……

Parent/Carer name ……..…… Contact Tel. No.: ……

Emergency contact name(s) and Tel. No.(s):……..……

Details of Medication

Medical condition / illness: ……..

Medication name, strength & formula (e.g. tablets/cream):
……..
NB Medications must be in the original container as dispensed by the pharmacy

Amount given to school: ……..….. Details for storage: ……

Dosage- amount / frequency / time of administration:
……

Known side effects: …… Date 1st dose given: …….. Date/time last given: ……

Potential Emergency Details

What would constitute an emergency?……...

……

What to do in an emergency:……

……

Parental Consent Statement

Child's name

I (printed name of parent / carer) ……..……

- Request and give my consent to school to administer this medication in accordance with the prescriber's instructions
- Confirm that the information and instruction is accurate and up-to-date
- Will inform school in writing of any changes to this information and instructions
- Understand that the medication may be given by non-medically qualified staff
- Agree to not hold staff responsible for loss, damage or injury when undertaking agreed administration of the medication unless resulting from their negligence
- Will abide by the school's policy and procedure for the delivery and return of medication
- Will ensure adequate supply of the medication that is within its expiry date

Signature of parent / carer: ……..…… Date: ……

School Statement of Agreement

Grove Road Community Primary School agrees to administer this medication as detailed overleaf –

- In accordance with the prescriber's instructions
- Until the end of the course of medication or until instructed otherwise in writing by the parent / carer

Name of Headteacher: Mr R Walker Signature: …….. Date: ……

NB Headteacher must establish that the appropriate knowledge, training and insurance requirements for the giving of this medication are met before agreement is given.

Administration of Medication Record for …….. (Child's name)

Name of Medication …… Dosage & time ……..

Date & time	Dose given	Record any reactions & any action taken by staff	Print name of persons: Administering / Supervising	Signatures of persons: Administrating / Supervising	Additional information e.g. - If repeat prescription supplied - If medication returned to parent - If medication returned to Pharmacy (signature required)