

WISTASTON CHURCH LANE ACADEMY



ADMINISTRATION OF NON-PRESCRIBED MEDICATION REQUEST AND RECORD FOR PUPILS IN YEARS ONE TO SIX ONLY

PLEASE READ THIS FORM BEFORE SIGNING. ONLY SOMEONE WITH PARENTAL RESPONSIBILITY CAN SIGN THIS FORM.

Where possible, the school will avoid administering non-prescription medicine. However, we may do so, if requested by the parent, if it will facilitate the child attending school and continuing their learning. This will usually be for a short period only, for example, for the administration of paracetamol for toothache or other pain, and we will only offer this service if the medication is administered once in a day. **A new form should be completed for each day.**

The medicine must be provided in its original container, with dosage information on it. The parent's instructions will be checked against the dosage information on the bottle, and this will not be exceeded.

Name of child	
Class	

I request that the above named pupil receives medication to be administered by school personnel.

Medicine		
Times and dosage of medicine:		
Relevant side effects to be observed, if any		
Dates for medication to be administered	When was the last time the medication was administered <i>today</i> (without this information we will not administer the medicine)?	

I understand that I must supply the school with the prescribed medicine in the original container with dosage information. Ideally I will put the medication inside a named plastic container.

I will complete a new form for each day of treatment.

Signature	Relationship to child	Phone Number

Date	Time given	Dose given	Member of staff	Initials