

CREETING ST. MARY CEVAP SCHOOL

Request for the 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 M/F
Forename(s) Date of Birth
Address Class
Condition or illness

MEDICATION

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

Date dispensed: Dates to be given:

Full Directions for use:

Dosage/method/timing

Select as appropriate – to be given if requested by the child / as instructed by the parent

Special precautions/side effects

Self Administration

Procedures to take in an Emergency

CONTACT DETAILS:

Name of Parent/Carer Daytime Phone No.

Relationship to pupil Address

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My child’s doctor has prescribed the above medication. I understand that I must deliver the medication personally to an agreed member of staff. I accept that this is a service which the school is not obliged to undertake.

LEGAL DISCLAIMER

I also understand that neither the Headteacher nor anyone acting on his/her authority, nor the Governing Body, nor Suffolk County Council will be liable for any illness or injury to the child arising from the administering of the medication or drug unless caused by the negligence of the Headteacher, the person acting on his/her authority, the Governing Body, or Suffolk County Council, as the case may be.

Signature Date

Relationship to pupil