



Tarleton Community Primary School

Request For The School To Administer Non-Prescribed Medication

Dear Headteacher,

I request that (name of Pupil) be given the following medicine(s) while at school:

Date of birth Class

Medical condition or illness.....

He / She is fit or school but requires the following prescribed medication to be administered during school hours..... (name of medicine as described on the container)

Expiry date.....

Could you therefore administerdosage attime(s) to be given (by mouth / in the ear / other) *please delete as appropriate*

Are there any side effects that the school needs to know about?

Other instructions

Self administration Yes/No (mark as appropriate)

I understand that I must deliver the medicine personally to (agreed member of staff) and accept that this is a service that the school is not obliged to undertake. I understand that I must notify the school of any changes in writing.

I understand that all staff are acting voluntarily in administering medicines and have the right to refuse to administer medication. I understand that the school staff cannot undertake to monitor the use of inhalers carried by children, and that the school is not responsible for loss or damage to any medication.

Signed Print Name
(Parent/Guardian)

Daytime telephone number

Note to parents:

1. Medication will not be accepted by the school unless this form is completed and signed by the parent or legal guardian of the child and that the administration of the medicine is agreed by the Headteacher.
2. Medicines must be in the original container as dispensed by the Pharmacy.
3. The agreement will be reviewed on a termly basis.

