Form 1: Request for school to issue non-prescribed medication in school

To be completed by parent/carer

Pupil's name:
Date of birth:
School:

I request that the above pupil be given the following medication while at school:

Name of medication	Dose to be given	Minimum time between doses	Medication to be given if the following symptoms occur

This arrangement is requested to continue until: _____

(Insert date)

A doctor has not prescribed this medication. It is in the container in which it was purchased and is clearly labelled with the child's name in full and the dose to be given.

I realise that this is not a service that the school is obliged to undertake. I accept full responsibility for informing the school if my child has been given a dose of this medication before coming to school. I accept responsibility for ensuring that the medicine has not expired and that there will be enough medicine supplied to the school for my child's needs. I will collect all unused medicine from the school at the end of the summer term. I accept that the school will dispose of any unused medication that remains uncollected.

Parent/carer's name:	
Address:	
☎ **Home:**	
☎ **Work:**	
☎ **Mobile:**	
Signature:	**Date:**

Note: The school will not accept medication unless this form is completed and signed by the parent/ carer of the pupil and the head teacher agrees the administration of the medication. The head teacher reserves the right to withdraw this service.

For completion by school:

CONFIRMATION OF THE SCHOOL'S AGREEMENT TO ADMINISTER MEDICATION

I agree that (name of child):	
will receive (quantity and name of medicine):	

as detailed overleaf.

This child will be given/supervised whilst he/she takes their medication by any one of the following member(s) of staff:

Staff name(s):

If a member of staff is not available to give/supervise the administration of this medication for any reason, the medication will not be given to the child and the parent will be informed.

Name of Head Teacher/designated person:	
Signature:	**Date:**

CONFIRMATION OF STAFF'S AGREEMENT TO ADMINISTER MEDICATION

I have read this request for the school to issue non-prescribed medication in school and agree to administer the medication as detailed above to this pupil.

Staff Member	Job Title	Date	Signature

N.B. Copy to be given to parent/carer.