Request to Administer Medication (Form Med 1)

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.

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This form must be completed by the parent before the request can be considered
Name of Provision
Child's/Young Person's Details
Name
Address Parent/carer name and contact number
GP's name and contact number
Emergency contact name(s) and number(s)
Details of Medication
Medical condition/illness
Medication name and strength
Medication formula (e.g. tablets) and amount given to school/setting (e.g. number of tablets supplied)
NB Medications must be in the original container as dispensed by the pharmacy
Dosage and frequency/time of administration
Details for storage
Administering instructions
Any known side effects
Date first dose given Date last dose given

Potential Emergency Details

What would constitute an emergency?
What to do in an emergency
Parental Statement of Consent
 I (printed name of parent/carer)
Signature of parent/carer
School/Setting-Statement of Agreement
(Name of school/setting)
 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

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

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

Name of Headteacher/Manager (please print).....