Manland Primary School

Sauncey Avenue Harpenden Hertfordshire AL5 4QW
Telephone: 01582 713452 Email: admin@manland.herts.sch.uk

REQUEST FOR SCHOOL TO ADMINISTER MEDICATION

The school will only be able to give your child medicine if you complete **every section** of this form and sign it. The Headteacher has to agree that school staff can administer the medicine.
Please note that the school is not able to administer homeopathic medicine.

Pupil details

Surname _____ Forename _____

Date of Birth _____ / _____ / _____ Class / Year group _____

Condition or illness details _____

_____

Medication

Parents must ensure that in date, properly labelled and is in the original box

Name of medication _____

Date given to school _____ / _____ / _____ Expiry date of medication_____ / _____ / _____

Full directions for use:

Time and date child was last given a dose of this medication _____

Start date _____ / _____ / _____ End date (**required**)_____ / _____ / _____

Timing for medicine _____

Dosage and method _____

(Note: dosage can only be changed on a Doctor's instructions)

Are there any side effects the school needs to know?_____

_____

Procedures to take in an emergency _____

_____

Contact details

Parent / Carer name _____

Daytime phone number _____

Relationship to pupil _____

I understand that I must deliver the medicine personally to the school office, and accept that this is a service, which the school is not obliged to undertake. I understand that I must notify the school of any changes in writing.

I can confirm that my child has had this medication before with no adverse effect.

I agree to pick up the medication on the end date, specified above.

Signature _____ Date _____ / _____ / _____

To be completed by school:

Agreement of Headteacher, Deputy Headteacher or School Business Manager

I agree that the above mentioned child can receive the above medication, on the days and times stated on this form. The medication will be administered to the child by a member of staff.

Signature _____ Date _____ / _____ / _____

Child's name:	
Name of medicine:	

Date	_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____
Time given					
Dose given					
Any reactions					
Staff name					

Date	_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____
Time given					
Dose given					
Any reactions					
Staff name					

Date	_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____
Time given					
Dose given					
Any reactions					
Staff name					