



Managing Medicines Policy

Form 3

Request for medicine to be administered during the school day

The school has a policy that the staff can administer prescribed medicines. Please complete and sign this form for each medicine your child requires during the school day. Medicine should be delivered to and collected from the office by an adult.

Name of child:

Year group / Class:

Medical condition / Illness:

Medicine

Name, type and strength of medication:

Date dispensed:

Expiry date:

Time required:

Dosage and method:

Are there any side effects or other information that school needs to know about?

Note: Medicines must be in the original container as dispensed by the pharmacy

The above information is to the best of my knowledge, accurate at the time of writing and I give consent to school and other authorised staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any changes in dosage or frequency of the medication or if the medicine is stopped.

I understand that a non- medical professional will administer my child's medication as defined by the prescribing professional only.

Print name :

Date:

Signed:

