## Medication Request Form



[Please read the notes on the reverse of this form carefully].

Name of P	upil:			Date of	Birth:	/	. /	. Room: .		
The Doctor	r:									
Medical Pr	actice:		Te	elephon	e Number:	:				
has advise	d that it is necessary for	my child to	receive his/her me	edicatio	n during sc	chool t	ime for:	-		
[No.	] Days;	[No.	] Weeks;	[	Until Furth	ner No	tice] for	a long te	erm illness	<b>5.</b>
(Complete	as appropriate and/or	delete those	that do not apply.	·.						
State natu	re of condition or illness	s (e.g. Asthm	a; Diabetes; Epilep	psy, Cyst	ic Fibrosis	, Anap	hylaxis,	Recovery	r from? Illr	ness, etc):
Name of M	ledicine [to include full	details as giv	en on the contain	ner label	issued by	the ph	armacis	t]:		
					Date Dispe	nsed:				
Type [eg. T	ablets, Mixture, Inhaler	, Other (plea	ase specify)]:							
Dosage:			Time to be take	en in Sch	ool:	12	onl	У		
Is precise t	iming critical: Yes/No									
Please not	<b>e</b> medication will only b	e dispensed	during lunchtime	with the	exception	n of in	halers.			
Reasons/ti	mes when medication r	need not be a	administered (eg v	when the	ere is not a	n Asth	nma atta	ick)		
Any Addition	onal Information [about	the Medicir	ne]							
State possi	ble interaction with any	other medi	cines such as para	acetamol	:					
Any Precau	utions, Special Arrangen	nents or Side	e Effects:							
Asthma In	halers Only:-									
• My child	is capable of using his/l	ner inhaler a	nd should keep it v	with him	/her for u	se as r	necessar	у.		
• My child	is not yet able to use th	e inhaler wit	thout supervision.							
request the be administ understand administra I understan	nd that teachers have note the medication name stered by a member of the distance of a long term illness I	ed be adminishe teaching off of the school given in accoust be delive	stered to my child or non-teaching st ool cannot be held ordance with these red to and collecte	I whilst s taff, who I respons e instruc ed from	/he is at so may not lible for an tions. the school	chool. have a ny prol	I appred iny first- plems wi yself or a	iate that aid or me hich may a named i	the medicedical trainers arise from the second arise from the seconsible are seconsidered are sec	eation will ning and I n the le adult.
Signed:			.(Parent/Carer)		Date:					

DATE			
GIVEN BY			
DATE			
GIVEN BY			

## **NOTES**

- 1. The school will consider each request on its merits. Where it is practicable the school may well prefer parents to come into school at appropriate times to administer the medicine themselves or make arrangements at break or lunchtime for the pupil to go home to receive the medication.
- 2. The school may refuse to undertake administration where this is seen to be the reasonable decision in the best interests of the school eg. in such cases where timings of dosage critical and crucial to the health of the pupil cannot be guaranteed; where specific technical or medical knowledge and/or training is required; where administration would make unacceptable intimate contact with the pupil necessary.
- 3. The school will not agree to administer any medication in school without a written formal request using this form having been made.
- 4. The school will not agree to administer any medication in school that it is not essential to be administered during the course of the school day. (If it is acceptable for doses to be given before and after school the school should not be being asked to administer during the school day).
- 5. All requests will need to be discussed fully with the head or other authorised member of staff before any medicines are sent into school.
- 6. Any prescribed medicine must be supplied to the school in the original container labelled by the pharmacist with the name of the medicine, full instructions for use and the name of the pupil. Any non prescribed medicine bought by the family should be in the original container bearing the manufacturer's instructions/guidelines. The school may refuse to administer any medicines supplied in inappropriate containers.
- 7. For pupils on long-term medication the request form should be renewed by the parent/carer when required by the school and in any event at the beginning of each new school year.
- 8. Parents are responsible for notifying the school immediately in writing of any subsequent changes in medicines or doses.
- 9. Parents are responsible for obtaining fresh supplies of medication.
- 10. Parents are responsible for notifying the school immediately the medication has been stopped by the doctor.
- 11. Parents are responsible for collecting and disposing of any unused or expired medicine at the end of each term.
- 12. A record will be kept by the school of all medicines administered and when in respect of each pupil for whom it has agreed to administer medicines.
- 13. Where they feel it to be necessary the school reserves the right to ask parents to supply a doctors note to support/confirm the information given on the request form.
- 14. You may find it necessary to seek your doctor's help in completing this form.