

# St. Mary's Church of England (VA) Primary School

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Headteacher: Mrs Natasha Maxwell

## **MED1 FORM - PRESCRIBED**

### REQUEST FOR SCHOOL TO ADMINISTER MEDICINE

The school will not give your child medicine unless you complete and sign this form, and the Headteacher has agreed that school staff can administer the medication.

#### **DETAILS OF PUPIL**

Surname: .....

Forename(s): .....

Address:.....

.....

M/F ..... Date of Birth:..... Class/Form:.....

Medical condition or illness.....

#### **MEDICATION (As described on the container)**

Name/Type of Medication.....

For how long will your child take this medication .....

Date dispensed: ..... Expiry date: .....

#### **DIRECTION OF USE:**

Dosage and Method: .....

Timing:.....

Special Precautions: .....

Side Effects: .....

Procedures to take in an Emergency: .....

I understand that I must deliver the medicine personally, in the original container as dispensed by the pharmacy, to (agreed member of staff) and accept that this is a service which the school is not obliged to undertake. The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. Please be aware, if medication is past its expiration date, it will not be administered.

Signature(s): .....Date:.....

Relationship to pupil: .....

