

Prescribed Medication form



PLEASE COMPLETE IN BLOCK CAPITAL LETTERS

To be completed by the parent/guardian of any young person to whom prescribed drugs/medicines may be administered under the supervision of school staff. If you need help completing this form please contact school reception.

ONCE COMPLETED PLEASE HAND IN TO RECEPTION

Pupil Name

Date

Year Group

Form

Date of Birth

Doctors Name

Doctors Telephone Number

Details of illness and medication (Please include diagnosis/condition/illness and the name of the medication)

How long and how often should the medication be taken ? What dosage ? Special circumstances ?

Expiry date of medicine

I agree that the school can dispose of the medication when it has expired: Yes No

Any other comments

Parent Name *PLEASE PRINT*

Signature

Date

Member of staff received

Date

Review Date

PLEASE READ AND SIGN THE STATEMENT ON THE REVERSE OF THIS FORM.

FOR OFFICE USE ONLY

Form Tutor Informed:

First Aid:

Pass Issued:

In-putted on SIMS:

Health and Safety Admin:

Signature

A separate form must be completed for each medicine.

I understand that I must deliver the medicine personally to the **school reception**. The information provided is, to the best of my knowledge, accurate at the time of writing and I give consent to the trained school staff to administer medicine in accordance with their policy. I will inform the school immediately in writing if there is any change in dosage, frequency of the medication or medicine is stopped. I understand that it may be necessary for this treatment to be carried out during educational visits and other out of school activities as well as on the school premises.

I understand that I am to supply the school with the medicines in only properly labelled containers in their original packaging and labelled with the student's name and tutor group. I understand that the school is within their right to refuse to store medication unless these specifications are met.

I accept that, whilst my child is in the care of the school, the school staff stand in the position of the parent and that the school staff may therefore need to arrange any medical aid considered necessary in an emergency, but I will be told of any such action as soon as possible.

I give permission for my son/daughter to have the described medication administered as detailed overleaf.

Signed

Date