Appendix 1

REQUEST FOR SCHOOL TO ADMINISTER MEDICATION

DETAILS OF PUPIL

CHILD'S NAME:_____

CLASS: _____

DATE OF BIRTH: _____

I authorise the following to be administered to the child named above by staff of Eastbury Farm Primary School.

MEDICINES MUST BE IN ORIGINAL PACKAGING WITH APPROPRIATE DOSING TOOL

Name of Medication: _____

Dosage: _____

When to administer the medicine: _____

Reason for this medication to be given: _____

Time of any previously administered dose (at home): _____

Has the medication been administered to the child previously without side effects? Y / N

I give permission for this medicine to be administered from:

(Date): _____ to _____

Expiry Date: _____

I understand that I must deliver the medicine personally to the school office and accept that Eastbury Farm Primary School staff can refuse to administer medication if it is not correctly packaged

I understand that whilst all best efforts will be made, staff of Eastbury Farm Primary School accept no responsibility whatsoever for omitting to administer this medicine or administering the medicine at a time different from that specified above.

Signed: _____(Parent/Carer) Date: _____