

## **CHERRY TREE PRIMARY SCHOOL Request for School to Administer Medication**



In line with NHS recommendations, Cherry Tree's Headteacher and Governors have agreed that school staff can administer medicine in school as long as this form is fully completed and signed. The school will not administer any medication to any child where details are incomplete.

## **IMPORTANT**

- We can only administer medicine that has been prescribed and labelled by a doctor or pharmacist.
- Dosage quantities will be administered as prescribed on the printed label.
- It is your child's responsibility to remember to come to the school office for medication. If you are unsure that they will remember you are welcome to telephone school at the prescribed time to remind them.
- The medicine can only be administered if it is accompanied by a Patient Information form.

PUPIL DETAILS				
Surname:	Forename(s):			
Date of birth:/	Class:			
Condition or illness:				
MEDICATION				
Name/type of medication (as described on the container):				
Time(s) medicine to be given:				
Dosage amount (as per label. This can only be change	ged on doctor's instructions):			
Dispense Date:/	Expiry Date:/			
Date medicine was first opened://				
Can your child self-administer? (i.e. handle spoon/sy	ringe themselves): Yes 🗆 No 🗆			
Full directions for use/any further information:				
SPECIAL PRECAUTIONS				
Are there any side effects that the school needs to know about?				
Procedures to take in an emergency:				
CONTACT DETAILS				
Name:	Tel Number(s):			
Relationship to Pupil:	•			
I understand that I must deliver the medicine personal service, which the school is not obliged to undertake. I understand that I must notify the school of any char				
Signed:	Date:/			
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## Record of medicine administered

Date	Time	Dose given	Any reactions?	Staff signature	Print staff name	Signature of second adult (confirming medicine administered)	Message sent to parent confirming medicine administered