



CHERRY TREE PRIMARY SCHOOL

Request for School to Administer Medication

SHORT TERM

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 changed on doctor's instructions): | |
| Dispense date: ___/___/___ | Expiry date: ___/___/___ |
| Date(s) required: ___/___/___ | Date medicine was first opened: ___/___/___ |
| Can your child self-administer? (i.e. handle spoon/syringe themselves): Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Full directions for use/any further information: | |

SPECIAL PRECAUTIONS

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| 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 personally to a member of staff at Reception and accept that this is a service, which the school is not obliged to undertake. I understand that I must notify the school of any changes in writing. | |
| Signed: | Date: ___/___/___ |

