

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 a child where details are incomplete.

IMPORTANT

- Dosage quantities will be administered as prescribed.
- The medicine information leaflet must be provided to school with the medication.
- 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.

PUPIL DETAILS	·	bol at the prescribed time to remind them.			
Surname:		Forename(s):			
Date of birth:/		Class:			
Condition or illness:					
/IEDICATION					
Name/type of medication (as described on the container):					
Time(s) medicine to be given:					
Dosage amount (as per label. This can o	only be changed on	doctor's instructions):			
Dispense Date:		Expiry Date:/			
Date medicine was first opened:					
Can your child self-administer? (i.e. han	dle spoon/syringe	themselves): Yes 🗆 No 🗆			
Full directions for use/any further inform	mation:				
PECIAL 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:					
		a member of staff at Reception and accept that this is a erstand I must notify the school of any changes in writing.			
Signed:	Date	e: / /			

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