



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 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

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: <i>(As per label. This can only be changed on doctor's instructions)</i>		
Dispense date: ___/___/___	Expiry date: ___/___/___	Date medicine was first opened: ___/___/___
Date(s) required: ___/___/___ to ___/___/___		
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

Are there any side effects that school needs to know about?
Procedures to take in an emergency:

CONTACT DETAILS

Name:	Tel Number(s):
Relationship to Pupil:	
I understand I must deliver the medicine personally to a member of staff at the School Office and accept that this is a service which the school is not obliged to undertake. I understand I must notify the school of any changes in writing.	
Signed:	Date: ___/___/___

