

BALLYORAN PRIMARY SCHOOL

**REQUEST FOR A SCHOOL TO ADMINISTER MEDICATION**

The school will not give your child medicine unless you complete and sign this form, and the Principal has agreed that the school staff can administer the medicine.

**Details of Pupil**

Surname \_\_\_\_\_ Forename(s) \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ M F

Class \_\_\_\_\_

Condition of illness \_\_\_\_\_

**Medication**

**Parents must ensure that in date properly labelled medication is supplied**

Name/Type of Medication (as described on the container) \_\_\_\_\_

Date dispensed \_\_\_\_\_

Expiry Date \_\_\_\_\_

**Full Directions for use**

Dosage and method \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NB Dosage can only be changed on a Doctor's instructions**

Timing \_\_\_\_\_

Special precautions \_\_\_\_\_

Are there any side effects that the School needs to know about?

\_\_\_\_\_

\_\_\_\_\_

Self Administration Yes/No (delete as appropriate)

**Procedures to take in an Emergency**

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**Contact Details**

Name \_\_\_\_\_

Phone No (Home/Mobile) \_\_\_\_\_

(Work) \_\_\_\_\_

Relationship to Pupil \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

I understand that I must deliver the medicine personally to \_\_\_\_\_ (agreed member of staff) 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.

Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

**Agreement of Principal**

I agree that \_\_\_\_\_ (*name of child*) will receive \_\_\_\_\_ (*quantity and name of medicine*) every day at \_\_\_\_\_ (*time(s) medicine to be administered e.g. break or lunchtime*)

This child will be given/supervised whilst he/she takes their medication by \_\_\_\_\_ (*name of staff member*)

This arrangement will continue until \_\_\_\_\_ (*either end date of course of medicine or until instructed by parents*).

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Principal

**The original should be retained on the school file and a copy sent to the parents to confirm the school's agreement to administer medication to the named pupil.**