Sherburn High School

Headteacher: Mr Matt Gill

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Request to Administer Medication

This information will be held securely and confidentially and will only be shared with those who have a role or responsibility in managing the administration of medication to your child.

This form must be completed by the parent before the request can be considered.

STUDENT DETAILS

Name of Student……………………………………………………………………………………………………..

Student Form……………………………………   Student Date of Birth………………………………………………….

DETAILS OF MEDICATION

Medical Condition/Illness……………………………………………………………………………………………….

Medication Name………………………………………………………………………………………………………..
NB Medications must be in original container as dispensed by the pharmacy

Dosage and frequency/time of administration…………………………………………………………………………..

How long should medication be taken for?..

Details for storage……………………………………………………………………………………………………….

Any known side effects……………………………………………………………………………………………………

Date of First Dose…………………………………………. Date of Last Dose…………………………………………..

PARENT STATEMENT OF CONSENT

I (printed name of parent/carer)……………………………………………………………………………………….

- request and give my consent to school/setting administering this medication in accordance with the prescriber's instructions
- confirm that the information and instruction given is accurate and up- to- date
- will inform school/setting in writing of any changes to this information and instructions
- understand that the medication may be given by non-medically qualified staff
- agree to not hold staff responsible for loss, damage or injury when undertaking agreed administration of the medication unless resulting from their negligence
- will abide by the school's/setting's policy and procedure for the delivery and return of medication
- will ensure adequate supply of the medication that is within its expiry date

Signature of parent/carer ………………………………………………….. Date…………………………………………

SHERBURN HIGH SCHOOL STATEMENT OF AGREEMENT

Sherburn High School agrees to administer this medication
- in accordance with the prescriber's instructions
- until the end of the course of medication or until instructed otherwise in writing by the parent/carer

IF MORE THAN ONE MEDICATION TO BE GIVEN THEN A SEPARATE FORM MUST BE COMPLETED FOR EACH