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|  | Sherburn High School Headteacher: Ms Miriam Oakley  Garden Lane, Sherburn In Elmet, Leeds, LS25 6AS Tel: 01977 682442  Web: www.sherburnhigh.co.uk Email: admin@shs.starmat.uk |

**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**