

**Request for School/Setting to Administer Medication (Form Med 1)**

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.

**Child’s/Young Person’s Details**

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| Name: …………………………………………………………………………… Class: ……………………………………………  Parent/carer contact number in case of emergency: …………………………………………………………………………… |

**Details of Medication**

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| Medical condition/illness: …………………………………………… Medication name ……………………………………………………  Dosage: …………………………………………… Time to administer medication: ………………………………………………………  Medication storage details: ……………………………………………………………………………………………………………………………  Any known side effects: …………………………………………………………………………………………………………………………………… |

**Parental Statement of Consent**

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| **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: …………………………………** |

**School/Setting-Statement of Agreement**

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| **WESTERN PRIMARY 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.  Name of Headteacher/Manager: ………………………………………………………………  Signature of Headteacher/Manager: ……………………………………… Date: ………………………………  **NB Headteacher/Manager must establish that the appropriate knowledge, training and insurance requirements for the giving of this medication are met before agreement is given.** |