

Parental Request Form
For the School to Administer Medication in School

DETAILS OF PUPIL (<i>Capitals please</i>)			
Name	M/F	Date of Birth	class/ form:
Condition or illness (<i>e.g. Asthma; Diabetes; Epilepsy, Cystic Fibrosis, Anaphylaxis, Recovery from? Illness, etc</i>):			
DOCTOR'S DETAILS			
Doctor's Name	Medical Practice		Telephone Number

MEDICATION AND ADMINISTRATION		
Name of medication (<i>give full details given on the container label issued by the pharmacist</i>) Type of Medication (e.g. tablets, antibiotics, mixture, inhaler, Epi-pen, other (<i>please specify</i>))		
Date Dispensed:	Dosage and method:	
Times to be Taken in School:	Is precise timing critical? Yes/ No	
For how long will your child need to take this medication?		
For medication that need not be administered at pre-set times please indicate when it should be given: (e.g. before exercise, onset of asthma attack, onset of migraine etc)		
The medication needs to be administered by a member of staff	Yes	No
My child is capable of administering the medication him/herself under the supervision of a member of staff	Yes	No
I would like my child to keep his/her medication on him/ her for use as necessary	Yes	No
The medication needs to be readily accessible in case of emergency	Yes	No
ADDITIONAL INFORMATION		
Precautions or Side Effects:		
What to do in an emergency:		

(Please read the notes on the reverse of this form carefully if you are in doubt about how the medicine is to be given you must seek the advice of your child's doctor before completing this form.)

The doctor named above has advised that it is necessary for my child to receive his/her medication during school time. I understand that teachers have no *obligation* to give or supervise the administration of medicines at school. However, I request that the medication named above be administered by/taken under supervision of a member staff, with appropriate training. The school, the Head teacher and staff accept no responsibility for any injury, death or damage suffered by a pupil as a result of the administration of medicine mentioned in this form, other than any injury, death or damage which arises because the school or any members of its staff have been negligent I shall arrange to collect and dispose of any unused, expired medicine at the end of each term.

Signed: Parent/Carer _____ **Date:** _____

1. George Tomlinson School will make **arrangements to support pupils with medical conditions in school**. This may include making sure that school policies for supporting pupils with medical conditions in school are developed and implemented. They should ensure that a pupil with medical conditions is supported to enable as full participation as possible in all aspects of school life.
2. The school will **ensure that arrangements are in place to support pupils with medical conditions. In doing so they should ensure that such children can access and enjoy the same opportunities at school as any other child**. No child with a medical condition should be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made.
3. The school will not agree to administer any medication in school without a written request using this form, having first been made.
4. The school will not agree to administer any medication in school that is not essential to be administered during the course of the school day (If it is acceptable for doses to be given before and after school the school should not be being asked to administer during the school day).
5. All requests will need to be discussed fully with the head teacher or other authorised member of staff before any medicines are sent into school.
6. Any prescribed medicine must be supplied to the school in the original container labelled by the pharmacist with the name of the medicine, full instructions for use and the name of the pupil. Any non-prescribed medicine bought by the family should be in the original container bearing the manufacturer's instruction/guidelines. The school may refuse to administer any medicines supplied in inappropriate containers.
7. For all pupils on medication the request form should be renewed by the parent/carer when required by the school and in any event at the beginning of each new school year.
8. Parents are responsible for notifying the school immediately in writing of any subsequent changes in medicines or doses.
9. Parents are responsible for notifying the school immediately if the doctor has stopped the medication.
10. Parents are responsible for collecting and disposing of any unused or expired medicine at the end of each term.
11. A record will be kept by the school of all medicines administered and (when in respect of each pupil for whom it has agreed) to administer medicines.
12. Where they feel it to be necessary the school reserves the right to ask parents to supply a doctor's note to support/confirm the information given on the request form.
13. You may find it necessary to seek your Doctor's help in completing this form