



DETAILS OF PUPIL (CAPITALS PLEASE)					
Pupils Name:		M/F	Date of Birth:		Class:
Condition or Illness (e.g. Asthma, Diabetes, Epilepsy, Cystic fibrosis, Anaphylaxis, Recovery from? Illness, etc.)					
DOCTOR'S DETAILS					
Doctors Name:		Medical Practice		Telephone Number	
MEDICATION AND ADMINISTRATION					
Name of Medication (Give FULL details given on the container label issued by the pharmacist)					
Type of Medication (e.g. Tablets, Mixture, Inhaler, Epipen, other; please specify)					
Date dispensed:			Dosage and Method:		
Times to be taken in school:			Is precise timing critical?		
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
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:					
Give permission for the medication to be taken out of school on trips when/if required:					

**(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 of staff, who may not have had any first aid or medical training. The Head 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 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:** .....

NOTES
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1. Each request will be considered on its merits. Where it is practicable staff may well prefer parents to come in at appropriate times to administer the medicine themselves or make arrangements at break or lunchtime for the pupil to go home to receive the medication.
2. Staff may refuse to undertake administration where this is seen to be the reasonable decision in the best interests of the academy. For example where timings of administration are critical and crucial to the health of the pupil and cannot be guaranteed; where specific technical or medical knowledge and/or training is required or where administration would make unacceptable intimate contact with the pupil necessary.
3. Medication will not be administered without a written request using this form, having first been made.
4. Staff will not agree to administer any medication that is not essential to be administered during the course of the day. If it is acceptable for doses to be given before and after school then staff should not be asked to administer medicine during the day.
5. All requests will need to be discussed fully with the authorised member of staff before any medicines are received.
6. Any prescribed medicine must be supplied 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. Staff may refuse to administer any medicines supplied in inappropriate containers.
7. For pupils on long-term medication, the request form should be renewed by the parent/carers when required by the school and in any event at the beginning of each new academic year.
8. Parents are responsible for notifying staff immediately in writing of any subsequent changes in medicines or doses.
9. Parents are responsible for notifying staff 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 staff 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, staff reserve 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.