



**REQUEST FOR SCHOOL TO ADMINISTER MEDICATION
OR SELF-ADMINISTRATION BY PUPIL**



This form is for parents/carers to complete should they wish the school to administer prescribed medication or if they wish their child to administer their own prescribed medication.

Please note we cannot accept any medication on school site unless it is prescribed medication and prescribed for a minimum of 4 doses a day. The only exceptions are: asthma inhalers, adrenaline autoinjectors (epi-pens), seizure medication (Buccolam), diabetic medication and medication prescribed to be taken at a specific time of the day.

Children are not permitted to have medication in their bags or on their person, this includes pain relief and cough lozenges. The only exceptions are asthma inhalers and diabetic medication.

Child's Name		Class	
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Condition or illness

Medication – Name / Type of medication (as detailed on the container):

Dosage Details	
Date the prescription was issued	
How long will your child need to take this medication for?	
What is the dose?	
When should the medication be taken?	
Are there any special instructions? (e.g. with food, 1 hour before food)	
Are you happy for your child to take their medication by him / herself?	YES / NO

Contact Details	
Name	
Relationship to pupil	
School hours contact number/s	

I understand that I must deliver the medication personally to the school office, and I understand that this is a service which the school is not obliged to undertake.	
Signature:	Date: