



**Request for The Dales School staff to administer medication**

**Student details**

|  |  |
|--|--|
| <b>Name</b>                                      |  |
| <b>DOB</b>                                       |  |
| <b>Address</b>                                   |  |
| <b>Parent /carer name &amp; contact number</b>   |  |
| <b>GP's name &amp; contact number</b>            |  |
| <b>Emergency contact name(s) &amp; number(s)</b> |  |

**Details of Medication**

|   |  |
|---|--|
| <b>Medical condition/illness</b>  |  |
| <b>Medication name &amp; strength</b>   |  |
| <b>Medication formula (eg tablets) and amount given to school/setting (eg number of tablets supplied)</b> |  |
| <b>Dosage &amp; frequency/time of administration</b>  |  |
| <b>Details of storage</b>   |  |
| <b>Administering instructions</b>   |  |
| <b>Any known side effects</b>   |  |
| <b>Date of first dose given</b>   |  |
| <b>Date of last dose to be given</b>  |  |

**Potential Emergency Details**

|  |  |
|--|--|
| <b>What would constitute an emergency?</b> |  |
| <b>What to do in an emergency?</b>         |  |

**Parental Statement of Consent**

I ..... (print name)

- Request & give my consent to school administering this medication in accordance with the prescriber's instructions
- Confirm that the information and instructions given is accurate and up-to-date
- Will inform school 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 policy and procedure 'Information for Parents on the Administering of Medicines at The Dales School', in particular the delivery and return of medication
- Will ensure adequate supply of the medication that is within its expiry
- Will ensure that I am contactable at all times

Signature of parent/carers: .....Date:.....

**School Statement of Agreement**

The Dales School agrees to administer this medication in accordance with the prescriber's instructions and until the end of the course of medication or until instructed otherwise in writing by the parent/carers

Signed: ..... Date: .....  
(Ann-Marie Ellis Headteacher)

NB The Headteacher must establish that the appropriate knowledge, training and insurance requirements for the giving of this medication are met before agreement is given

**If more than one medication is to be given then a separate form must be completed for each.**

*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 student's parent/carers before the request can be considered.*