

School Medication Forms

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Please print and complete the appropriate form. Medication administration should be appropriately documented following the School Medication Administration Record found within Appendix 6.

Prescribed controlled drugs, such as Methylphenidate, require the signature of a witness and staff should use the School Medication Record for Methylphenidate found within Appendix 7.

Form 1: Request for school to issue non-prescribed medication

This form may be used exclusively for the following medication. For queries regarding non-prescribed medication out with this list please contact your School Nurse for further support and advice.

Acceptable Non-Prescribed Medication for use in School:

- Paracetamol
- Non-steroid topical creams or emollients

To be completed by the parent/carer

Pupil's name	Date of birth
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I request that the above pupil be given the following medication while at school.

I have given the first dose of this medication to my child and no adverse reaction has been observed.

Name of Medication	Dose to be given	Minimum time between doses	Date & time of last dose

Additional information (symptoms, triggers, set times to administer)

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If the medication does not alleviate symptoms, parents should be contacted as soon as possible to discuss next steps.

Medication is provided in the container in which it was purchased and is clearly labeled with the child's name in full and the dose to be given.

I realise that this is not a service that the school is obliged to undertake. **I accept full responsibility for informing the school if my child has been given a dose of this medication before coming to school.** I accept responsibility for ensuring that the medicine has not expired and that there will be enough medicine supplied to the school for my child's needs.

Parent/carer's name (please print)	
Address	 Home
	 Work
	 Mobile
Signature	Date

Note: The school will not accept medication unless this form is completed and signed by the parent/carer of the pupil and the head teacher agrees the administration of the medication. The head teacher reserves the right to withdraw this service.

Form 2: Request for school to issue prescribed medication

To be completed by the parent/carer

Pupil's name	Date of birth
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I request that the above pupil be given the following prescribed medication while at school. I have given the first dose of this medication to my child and no adverse reaction has been observed:

Name of Medication	Dose to be given	Route of administration (i.e. oral/topical)	Time/s of dose to be given

Please note any special instructions (i.e. taken with food or on empty stomach, preparation or storage instructions, symptoms which indicate medication required)

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Start date of prescription:	End date of Prescription: (please state N/A if long-term medication)
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If any concerns arise regarding administering the medication, adverse reactions or medication does not have desired effect, parents will be contacted as soon as possible to discuss next steps.

The GP, pharmacist or hospital doctor has prescribed the above medication. It is in the container in which it was dispensed, clearly labeled with the contents, dosage and child's name in full.

I realise that this is not a service that the school is obliged to undertake. I accept responsibility for informing the school if my child has been given a dose of this medication before coming to school. I accept responsibility for ensuring that the medicine has not expired and that there will be enough medicine supplied for my child's needs. I will collect any unused medication at the end of the period the medication is prescribed for.

Name of GP/Pharmacy:	
Address of GP/Pharmacy:	☎ GP/Pharmacy:
Parent/carer's name (please print):	
☎ Contact 1:	☎ Contact 2:
Signature:	Date:

Note: The school will not accept medication unless this form is completed and signed by the parent/carer of the pupil and the head teacher agrees the administration of the medication. The head teacher reserves the right to withdraw this service.

Form 3: Request for school to issue long-term 'as required' prescribed medication in school

To be completed by parent/carer

Pupil's name	Date of birth
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I request that the above pupil be given the following medication while at school. I have given the first dose of this medication to my child and no adverse reaction has been observed.

Name of medication	Dose prescribed	Minimum time between doses	Medication to be given if the following symptoms occur

The GP or hospital doctor has prescribed the above medication. It is in the container in which it was dispensed, clearly labeled with the contents, dosage and child's name in full.

I realise that this is not a service that the school is obliged to undertake. I accept full responsibility for informing the school if my child has been given a dose of this medication before coming to school. I accept responsibility for ensuring that the medicine has not expired and that there will be enough medicine supplied to the school for my child's needs.

Parent/carer's name (please print)	
Address	 Home
	 Work
	 Mobile
@	
Name of G.P.	
Address of G.P.	 G.P.
Signature of Parent/Carer	Date

Note: The school will not accept medication unless this form is completed and signed by the parent/carer of the pupil and the head teacher agrees the administration of the medication. The head teacher reserves the right to withdraw this service.

Form 4: Request to school for medication to be carried and self-administered by pupil in school

To be completed by parent/carer

Pupil's name	Date of birth
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I request that the above pupil will be allowed to carry and self-administer this medication. I accept responsibility for ensuring that my child has enough medication to satisfy their needs, and that they know to keep it safely and how and when to take their medication.

Name of medication	Dose to be taken	Time/symptoms occurring when medication is to be taken

Parent/carer's name	
Address	 Home
	 Work
	 Mobile
Signature	Date

Note: This form cannot be used for controlled drugs without further discussion with senior school management and an appropriate health professional. The school will not allow pupils to carry any medication unless this form is completed and signed by the parent/carer of the pupil and the head teacher agrees the administration of the medication. The head teacher reserves the right to withdraw this service.