

William Shrewsbury Primary School
Parental Request for the Administration of Medication to
Pupils

A parent must supply a written request in order for medication to be administered to pupils by a named member of staff during school hours. It is only possible to administer medication that the child's doctor has prescribed. School staff cannot administer 'over-the-counter' medication.

It is also important to keep the administration of medication to a minimum and parents are requested to consider the possibility of administering the daily doses out of school hours. If this is not possible the following consent form must be completed and returned to the school:

Note: Medicines must be kept in the original container as dispensed by the pharmacy.

To be Completed by Parent/Carer	
Child's Name _____ Date of birth: _____	
Class _____ Medical condition _____	
I wish for him/her to have the following medicine administered by a named member of school staff,	
Name of Medication: _____	
Dose/Amount to be given: _____	
Time: (all medicines will only be administered once a day before lunch. If this does not meet the requirements, please speak to the office staff)	
Route of administration: (by mouth or in each ear etc)	
Can administer his/her own medication/requires assistance to administer his/her medication.	
(Please delete that which does not apply)	
Emergency Contact 1 Name: _____ Telephone <i>Home/work</i> : _____ <i>Mobile</i> : _____ Relationship: _____	Emergency Contact 2 Name: _____ Telephone <i>Home/work</i> : _____ <i>Mobile</i> : _____ Relationship: _____
I undertake to deliver the medicine personally to the school office and to replace it whenever necessary. I also undertake to inform the school immediately of any change of treatment that the doctor or hospital has prescribed for my child.	
Name: _____ Signature: _____	
Relationship to child: _____ Date: _____	

THIS FORM SHOULD BE SECURELY FILED WITH THE PUPILS NOTES IN THE SCHOOL OFFICE WHEN THE MEDICATION IS COMPLETED OR CHANGED.