

NAME OF SCHOOL \_\_\_\_\_ FORM AM2

**REQUEST FOR A SCHOOL TO ADMINISTER MEDICATION**

The school will not give your child medicine unless you complete and sign this form, and the Principal has agreed that school staff can administer the medicine

**Details of Pupil**

Surname \_\_\_\_\_ Forename(s) \_\_\_\_\_  
Address \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ M  F

Class \_\_\_\_\_  
Condition or illness \_\_\_\_\_

**Medication**

**Parents must ensure that in date properly labelled medication is supplied.**

Name/Type of Medication (as described on the container) \_\_\_\_\_

Date dispensed \_\_\_\_\_

Expiry Date \_\_\_\_\_

**Full Directions for use:**

Dosage and method \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NB Dosage can only be changed on a Doctor's instructions**

Timing \_\_\_\_\_

Special precautions \_\_\_\_\_

Are there any side effects that the School needs to know about?  
\_\_\_\_\_  
\_\_\_\_\_

Self-Administration \_\_\_\_\_ Yes/No (delete as appropriate)

**Procedures to take in an Emergency**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Contact Details**

Name \_\_\_\_\_  
Phone No: (home/mobile) \_\_\_\_\_  
(work) \_\_\_\_\_

**Relationship to Pupil**

Address \_\_\_\_\_

I understand that I must deliver the medicine personally to \_\_\_\_\_  
(agreed member of staff) and accept that this is a service, which the school is not  
obliged to undertake. I understand that I must notify the school of any changes in  
writing.

Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

**Agreement of Principal**

I agree that \_\_\_\_\_ (name of child) will receive  
\_\_\_\_\_ (quantity and name of medicine) every day at  
\_\_\_\_\_ (time(s) medicine to be administered eg lunchtime or  
afternoon break).

This child will be given/supervised whilst he/she takes their medication by  
\_\_\_\_\_ (name of staff member)

This arrangement will continue until \_\_\_\_\_ (either end  
date of course of medicine or until instructed by parents)

Signed \_\_\_\_\_ Date \_\_\_\_\_

(The Principal/authorised member of staff)

The original should be retained on the school file and a copy sent to the  
parents to confirm the school's agreement to administer medication to the  
named pupil.