



Form MED 1

Request for School to Administer Prescribed Medication

I confirm that my child's doctor has stated that it is necessary for this medication to be taken in school and that I will notify the school, in writing, of any changes to this medication.

| Date | Name of Child/Young Person | Form | Date of Birth |
|------|----------------------------|------|---------------|
| | | | |

Medication

| Name, strength and type of Medication | Dose | Route (Oral/ Gastrostomy etc) | Time | Duration of course | Method / Special instructions |
|---------------------------------------|------|-------------------------------|------|--------------------|-------------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Side effects and emergency procedures | | | | | |

Contact Information

| | | | |
|----------|--|-----------|--|
| Name | | | |
| Phone No | | Mobile No | |

Medication must be

- supplied in the chemist's original container with a prescription sticker on
- clearly labelled with
 1. name of the medication
 2. child's name
 3. dosage
 4. expiry date
 5. any other directions (if applicable)

I.....(relationship to pupil) give consent for the school to administer the above medication to my child. I understand that without this consent, the school will be unable to administer the medication.

Signature.....Parent/Carer

Date.....

You have the right to withdraw your consent at anytime. Please notify the office in writing.

