

HILLSIDE SPECIAL SCHOOL

Request for the School to Administer Medication (regular or occasional)

The school will not give your child medicine unless you complete and sign this form, and the Headteacher has agreed that school staff can administer the medication. Please read and sign the disclaimer at the bottom of this sheet.

Pupil Details

Surname
Forename(s) Date of birth
Address
.....
Condition/Illness

Medication

Name/Type of Medication
(as described on the container)
Date dispensed
Full directions for use
Dosage and method
Timing
Special precautions
Side effects
Self administration
Procedures to take in an emergency
My child's doctor has prescribed the above medication Yes / No

Contact Details

Name of parent/carer Daytime phone no
Address
.....

I, the parent/carer of the above named child, request and give permission for the Headteacher, or person acting on his/her authority, to administer the above medication in accordance with the directions given.

I accept that this is a service which the school is not obliged to undertake.

Legal Disclaimer

I understand that neither the Headteacher, nor anyone acting on his/her authority, nor the Governing Body, nor Suffolk County Council will be liable for any illness or injury to the child arising from the administering of the medication or drug unless caused by the negligence of the Headteacher, the person acting on his/her authority, the Governing Body or Suffolk County Council, as the case may be.

Signature of parent/carer Date

Relationship to pupil