



## REQUEST TO ADMINISTER MEDICATION (Form Med1)

This information will be held securely and confidentially and will only be shared with those who have a role or responsibility in managing the administration of medication to your child.

### Information to be completed by Parent / Carer

Student Name	
Date of Birth	
Parent/Carer Name and Contact Number	
Medical Condition/Illness	
Medication Name and Strength	
Medication Formula (e.g. tablets) and amount Supplied	
Date Dispensed	
Expiry Date	

**Separate forms must be completed for different dosage/named medications, and for each medication issue**

### Dosage Information:

Dosage to be provided and frequency	
Time the medication needs to be administered	
Storage Instructions	
Any further information you feel we should know regarding the medication (i.e. known side effects)	

### Parental Guidance:

- It is the parents/carers responsibility to ensure repeat medication is provided in advance (prior to this running out)
- School policy states only medically professionally prescribed medication or pre-arranged medication agreed with the school Healthcare Lead will be administered by school staff
- Medicines must be delivered to school by adults and will not be accepted from pupils
- All medication provided to school will include an adequate supply that is within it's expiry date
- All controlled medication or medication due to expire will be returned home at the end of the school year (July)
- If parents/carers wish to administer medication on school site, please contact school to pre-arrange this.



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### **Parental Statement of Consent:**

I (printed name of parent/carer) .....

- request and give my consent to The Forest School to administer this medication in accordance with the prescriber's instructions
- confirm that the information and instruction given is accurate and up-to-date
- will inform The Forest School in writing of any changes to this information and instructions
- understand that the medication may be given by non-medically qualified staff
- agree to not hold staff responsible for loss, damage or injury when undertaking agreed administration of the medication unless resulting from their negligence
- will abide by The Forest School's policy and procedure for the delivery and return of medication
- will ensure adequate supply of the medication that is within its expiry date

Signature of parent/carer..... Date: .....

### **School/Setting – Statement of Agreement**

The Forest School agrees to administer this medication

- in accordance with the prescriber's instructions
- until the end of the course of medication or until instructed otherwise in writing by the parent/carer

Name of Headteacher/Manager (please print) .....

Signature of Headteacher/Manager ..... Date .....

School use:

- Medication log updated
- Details added to Arbor
- Medication and forms passed to Healthcare Implementation Lead to store securely