



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