



## Ludlow Junior School Request to Administer Prescribed Medication

The school will not give your child prescribed medicine to self-administer unless you complete and sign this form. Wherever possible, please aim to administer medication at home either before or after school. You can request a copy of the Health & Safety Policy for further information at Reception or access on the school website: [www.ludlowjunior.org.uk](http://www.ludlowjunior.org.uk)

Pupil Details			
Full Name		Class	
Address			
Male/Female			
Date of Birth			
Description of Condition/Illness			
Medication			
Name/Type of Medication			
How long will it be taken for?		Start Date	End Date
Date Dispensed by Chemist		Storage Instructions	
Full Directions for Use			
Dosage and Method			
Timing			
Special Precautions			
Side Effects			
Procedures to take in an emergency			
Contact Details			
Name of Parent			
Daytime Tel No			
Relationship to Pupil			
Address			
Name of Doctors Practice, Address			
Contact Tel No			

**Please tick the appropriate box**

- My child will be responsible for the self-administration of medicines as directed above. I understand that a member of school staff will be present to supervise and support my child to self-administer the medication provided, as defined by the prescribing professional only.
- In the case of my child not being able to self-administer, I consent to members of staff administering medicines/providing treatment to my child as directed above or in the case of emergency, as staff consider necessary.

I understand that there is a need to inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Please note: Your child should not have been given non-prescribed medicines, such as paracetamol tablets or cough sweets to carry around during the school day. If this causes an issue, please speak to the School Office.

Parent/Carer Signature

Print Name

Date

**Any other instructions**

**Headteacher/Head of Setting agreement to administer medicine**

Name of School/Setting

It is agreed that ..... (name of child) will receive ..... (quantity and name of medicine) every day at ..... (time medicine to be administered e.g. lunchtime or afternoon break).

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

This arrangement will continue until..... (either end date of course of medicine or until instructed by parent/carer)

Signed

Date

(The headteacher/head of setting/named member of staff)