

Grove Road
Houghton Regis
Bedfordshire
LU5 5PE

Telephone
01582 863516

Silver Birch Avenue
Houghton Regis
Bedfordshire
LU5 5QJ

Telephone
01582 863516



Head Teacher:
Mrs Bernice Waite

Email:
schooloffice@thornhillprimary.co.uk
Website: www.thornhill-primary.co.uk

'Empowering children through sustainable, diverse, arts-enriched education'

Request for school to Administer Medicine

This is a request by a parent/carer of a pupil for the administration of the medication described on this form. The medication will be administered in accordance with the school's **Administration of Medicine Policy**.

Responsibility for the safe selection, provision and agreed dosage of the medicine remains with the parent/carer. No member of the school staff is allowed to administer any medication unless they are satisfied that this form has been completed and signed.

Pupil Name	Class	Date
Medical Condition or Illness		

Medicine – Must be in its original container and delivered personally with this form to the School Office. The container must also be clearly labelled with the pupil's name.		
Name/type (as described on the container)	Dosage	Frequency and Timing of dose
Special precautions and other instructions (ie to be kept in the fridge)		
Quantity delivered to the school	Expiry Date	
Confirmation of receipt of medication at school	Signed (staff member)	
	Print name	



Parent/Carer Declaration

The information is, to the best of my knowledge, accurate at the time of writing. I request that school staff administer the medication in accordance with the school Administration of Medicine Policy. I accept that I have asked for this medication to be administered based on my knowledge of the child and that I understand that the school staff are not qualified to make decisions about medication for my child.

Date	
PRINT NAME	
Signed (parent/carer)	
Relationship to child:	

Staff Declaration

I am agreeing to administer medicine to this child as detailed above. I am satisfied with the information I have received and the medication received is in-date, labelled, in its original container and I have the instructions for administration, dosage and storage. I understand that I retain the right to not administer the medication should my observations cause concern of any sort and the school will inform the parent/carer if this is the case. I will confirm the dosage administered on the form below and will return any unused medicine at the end of the day. I have been approved by the Head Teacher to administer medication in line with the school policy.

Signed (staff)	Date
PRINT NAME	

Notes:



PROCEDURE AND MEDICATION ADMINISTRATION RECORD

The staff member that is administrating the medicine must follow the below –

PROCEDURE	TICK
Collect medication and Request for school to Administer Medicine form	
Check the form against the medication – does the information match? Name/medicine/dosage	
Collect child and adult witness	
Ask witness to clarify the information matches (form and medicine)	
Ask the child- “Are you (read the name from the medication bottle)?”	
If child confirms that they are the correct child, prepare the correct dosage of medication allowing both witness and child to watch.	
Confirm the correct dosage has been drawn and show witness and child the amount. Does your witness agree with the amount prepared?	
Administer medication	
Person administering – sign, date and time the form	
Person witnessing – sign, date and time the form	
Return form to office and ensure medication is stored securely and correctly.	



STAFF TO COMPLETE

Record of Administrations			
Medication:			
Date			
Time given			
Dose given			
Signature			
Witness			

Record of Administrations			
Medication:			
Date			
Time given			
Dose given			
Signature			
Witness			

Record of Administrations			
Medication:			
Date			
Time given			
Dose given			
Signature			
Witness			

THIS FORM IS TO BE RETURNED TO THE SCHOOL OFFICE AND MEDICINE MUST BE STORED SECURELY AND CORRECTLY IN THE FIRST AID ROOM	
Signed (staff)	Date

