



HAWRIDGE & CHOLESBURY CHURCH OF ENGLAND SCHOOL

REQUEST FOR SCHOOL TO ADMINISTER PRESCRIBED MEDICATION FOR A SHORT PERIOD OF TIME

Medicine will only be given to your child if it is prescribed by your doctor. The school will not give your child medicine unless you complete and sign this form. The governors have agreed that only a qualified member of staff who has taken the administering medicines course is able to give medicine.

Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine

Name/type of medicine <i>(as described on the container)</i>	
Date dispensed	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Procedures to take in an emergency	
Contact Details of Prescribing Doctor	Name
	Address
	Phone Number

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]
I will collect the medicine from school when the course is complete	



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The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school's policy.

I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped. *(delete as appropriate)*

If more than one medicine is required a separate form should be completed for each one.

Signature(s) _____

Date _____

Name of member of staff returning medicine	
Collected by	
Date medicine returned	