

**RODE METHODIST VC FIRST SCHOOL**

**Request to Administer Medication Form**

Dear Parent / Carer

Our school will not give your child medicine unless you complete and sign this form, and the head teacher has agreed that school staff can administer the medication.

Please note, a newly completed form should be submitted every time the dosage or timing of medication are changed.

**Name of pupil:** .....

**Address:** .....

Male / Female

**Class:** ..... **Date of Birth:** .....

**Name / type of Medication** (as described on the container):  
.....

**For how long will your child take this medication:** .....

**Date medication first given:** .....

**Full Directions for use:**

**Dosage and method:** .....

**Timing:** .....

**Special Precautions** (if applicable): .....

**Side effects:** .....

**Procedures to take in an Emergency:** .....

**Contact Details:**

I wish to be contacted if there are any concerns over the medication of my child.

**General:**

- ✓ I agree that my child will receive medication as prescribed overleaf. This medication will be given / supervised whilst my child takes their medication by a member of staff authorised by the head teacher.
- ✓
- ✓ I agree that this arrangement will continue until I instruct the school to cease with the medication or change, using a fresh form to advise this.
- ✓
- ✓ I understand that I must deliver the medicine personally to the school and collect this afterwards where appropriate.
- ✓
- ✓ I will supply the medication in a container, labelled with my child's name on. Where my child needs two or more medicines, each shall be in a separate container.

**Parent / Carer signature:** .....

**Date:** .....

**Head teacher signature:** .....

**Date:** .....