



North

Yorkshire County Council

Children and Young People's Service

# Request for Burnsall School to Administer Medication (Form Med 1)



**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.**

**This form must be completed by the child's/young person's parent before the request can be considered**

**Name of School/Setting .....**

### Child's/Young Person's Details

Name .....	DoB.....
Address .....	
Parent/carer name and contact number.....	
GP's name and contact number.....	
Emergency contact name(s) and number(s).....	

### Details of Medication

Medical condition/illness.....	
Medication name and strength.....	
Medication formula (e.g. tablets) and amount given to school/setting (e.g. number of tablets supplied).....	
<b>NB Medications must be in the original container as dispensed by the pharmacy</b>	
Dosage and frequency/time of administration.....	
Details for storage.....	
Administering instructions.....	
Any known side effects .....	
Date first dose given .....	Date last dose given.....

**Potential Emergency Details**

What would constitute an emergency? .....

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What to do in an emergency.....

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**Parental Statement of Consent**

I (printed name of parent/carer).....

- request and give my consent to school/setting administering this medication in accordance with the prescriber's instructions
- confirm that the information and instruction given is accurate and up- to- date
- will inform school/setting 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 school's/setting'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**

(Name of school/setting) ..... 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.....

**NB Headteacher/Manager must establish that the appropriate knowledge, training and insurance requirements for the giving of this medication are met before agreement is given**

**If more than one medication is to be given then a separate form must be completed for each**