



REQUEST FOR LADOCK SCHOOL TO ADMINISTER PRESCRIBED MEDICATIONS

The school will not give your child medicine unless you complete this form, and the Head of School has agreed that named staff can administer the medication.

Details of Child							
Child's Initials:	Year Group:						
Full Directions of Use							
Name/Type of Medication (as described on the container):							
For how long will your child take this medication							
Date started/dispensed:							
Medication Dosage & Method:							
Timing:							
Special Precautions							
Side Effects:							
Procedures to take in an emergency:							
I understand that I must deliver the medicine personally to a member of staff and accept that this is a service which the school is not obliged to undertake.							

Please indicate Yes/No

For	office use	onlv
	office abe	OTTY

CONFIRMATION OF THE HEAD OF SCHOOL'S AGREEMENT FOR THE

ADMINISTRATION OF MEDICATION TO A NAMED CHILD

I agree that the named child will receive the specified medicine and quantity outlined in the document above.

The child will be supervised during the administration of the medication.

This arrangement will continue

(either end date of course of medicine or until instructed by parents).

Date:

Signed:

(Head of school)

ADMINISTRATION RECORD						
DATE	TIME	AMOUNT GIVEN	STAFF ADMINISTERING	STAFF WITNESS		