**MEDICAL FORM**

**Name of Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**My child has a medical condition/illness: YES/NO (if yes please complete this form)**

The 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 advise the school immediately of any new condition/illness or if the condition/illness which is held on school records is no longer applicable.**

DETAILS OF PUPIL

Surname:

Forename(s):

Address:

Post Code:

Male/Female: Date of Birth: Class / Form:

Condition or illness:

My child will require medication to be held in school and administered as advised: **YES/NO**

MEDICATION

Name / Type of Medication (as described on the container):

For how long will your child take this medication?

Date dispensed:

***FULL DIRECTIONS FOR USE***

Dosage and method:

Timing:

Special Precautions:

Side Effects:

Self-administration: **YES / NO**

Procedures to take in an Emergency:

Pupil name:

Class:

CONTACT DETAILS for

Name:

Daytime Telephone No:

Work Telephone No. ………………………………..

Mobile Telephone No. ……………………………….

Relationship to Pupil:

Address:

I understand that I must deliver the medicine personally to (agreed member of staff) and accept that this is a service which the school is not obliged to undertake.

Date: Signature(s):

Relationship to pupil:

# **Med form 2**

CONFIRMATION OF THE HEAD TEACHER’S AGREEMENT TO ADMINISTER MEDICATION

This form is for schools to complete and send to parent if they agree to administer medication to a named child.

I agree that ***(name of child)*** will receive ***(quantity and name of medicine)*** every day at ***(time medicine to be administered e.g. lunchtime or afternoon break)***.

**(Name of child)** will be ***given / supervised*** whilst he / she takes their medication by ***(names of members of staff)***.

This arrangement will continue until ***(either end date of course of medicine or until instructed by parents).***

Date:

Signed ………….......................................

(Head teacher or DHT pupil support):

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