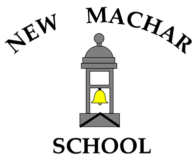

Aberdeenshire
COUNCIL

Brian Carle
Head Teacher
Telephone: 01651 267420

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Newmachar
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REQUEST FOR SCHOOL TO ADMINISTER PRESCRIBED MEDICATION

This form is for parents to complete if they wish the school to administer prescribed medication. The school will not give your child medicine unless you complete and sign this form, and the Headteacher has agreed that school staff can administer the medication.

DETAILS OF PUPIL

Surname ……………………………………………………………………………………………

Forename(s) ……………………………………………………………………………………………

Address ……………………………………………………………………………………………

……………………………………………………………………………………………

……………………………………………Postcode ………………………………………………

Male/Female ………………… Date of Birth ……………………………Class ………………………

Condition or Illness ……………………………………………………………………………………………

PRESCRIBED MEDICATION (to be administered under staff supervision)

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

For how long your child will take this medication: ……………………………………………………………

FULL DIRECTIONS FOR USE

Dosage and method: ……………………………………………………………………

Timing: ……………………………………………………………………

Special Precautions: ……………………………………………………………………

Side Effects: ……………………………………………………………………

Self Administration: YES / NO (Delete as appropriate)

Procedures to take in an emergency: ……………………………………………………………………

CONTACT DETAILS

Name: …………………………………………… Daytime Telephone No.:……………………………

Relationship to Pupil: ……………………………………………………………………………………………

Address: ……………………………………………………………………………………………

……………………………………………………………………………………………

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

Date: ………………………………………… Signature: ………………………………………………

Relationship to pupil: ……………………………………………………………………………………………