| **Photo** |
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**Kellington Primary School**

**Request to Administer Medication**

**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 parent before the request can be considered**

***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): …………………………………………………………………. |
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***Details of Medication***

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

| What would constitute an emergency? ……………………….…………………………..………….....……...  ….……………………………………………………………………………………………..……………………..  ….……………………………………….…………….……………………………………………………………..  .………………………………………………..……………………………………………………………………..  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: ……………………. |
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***School/Setting-Statement of Agreement***

| Kellington Primary School 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: Melanie Lawrence  Signature of Headteacher/Manager:  **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.** |
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**If more than one medication is to be given then a separate form must be completed for each.**