



NOTIFICATION OF PRESCRIBED MEDICATION AND REQUEST FOR ADMINISTRATION OF MEDICINES

The School will not give your child medicine unless you complete and sign this form in accordance with our Administration of Medicines policy (part of the First Aid policy). By completing this form it is understood that School staff do not have a statutory duty to give medicines or medical treatment and it is undertaken on a voluntary basis to enable the inclusion of pupils with medical needs, promote regular attendance and minimise the impact on a pupil's ability to learn. In an emergency all teachers and other staff in charge of children have a common law duty of care to act for the health and safety of a child in their care – this might mean giving prescribed medicines or medical care.

Date for review to be initiated by	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing and end date (if required)	
Special precautions/other instructions	
Are there any side effects that the School needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

NB: Medicines must be in the original container as dispensed by the pharmacy

Emergency Contact Details

Parent / Carer Name	
Daytime telephone no.	
Relationship to child	
I understand that I must deliver the medicine personally to	[agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to Our Lady's Convent School staff administering medicine in accordance with the School policy. I will inform the School immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) _____ Date _____