



# Request to Administer Medication (Form Med 1)

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/Young Person's details

Name		DOB	
Address			
Parent/carer name and contact no.			
GP's name and contact number			

### Details of Medication NB Medications must be in the original container as dispensed by the pharmacy

Medical condition/illness	
Medication name and strength	
Dosage and frequency/time of administration	
Details for storage	
Any other information	

### Potential Emergency Details

What would constitute an emergency?
What would you like us to do in an emergency?

### Parental Statement of Consent

I (printed name of parent/carer)	
<ul style="list-style-type: none"> <li>request and give my consent to school/setting administering this medication in accordance with the prescriber's instructions</li> <li>confirm that the information and instruction given is accurate and up- to- date</li> <li>will inform school/setting in writing of any changes to this information and instructions</li> <li>understand that the medication may be given by non-medically qualified staff</li> <li>agree to not hold staff responsible for loss, damage or injury when undertaking agreed administration of the medication unless resulting from their negligence</li> <li>will abide by the school's/setting's policy and procedure for the delivery and return of medication</li> <li>will ensure adequate supply of the medication that is within its expiry date</li> </ul>	
Signature of parent/carer	Date

### School/Setting-Statement of Agreement

Spennithorne CE Primary School agrees to administer this medication	
<ul style="list-style-type: none"> <li>in accordance with the prescriber's instructions</li> <li>until the end of the course of medication or until instructed otherwise in writing by the parent/carer</li> </ul>	
Signature of First Aider	Date

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  
If more than one medication is to be given then a separate form must be completed for each.