

REQUEST FOR A SCHOOL STAFF TO ADMINISTER MEDICATION



The school staff cannot give your child medicine unless you complete and sign this form.

CHILD'S DETAILS

NAME: _____

ADDRESS: _____

_____ TEL: _____

DATE OF BIRTH: _____ MALE/FEMALE: _____

MEDICATION

Medication	Time	Dose	Full directions for use

I understand that I must inform the transport escort that medicines are being transported to school

I consent to school staff giving the above medication to my child.

Has your child any allergies YES/NO What is your child allergic to? _____

Signature: _____ Date: _____

Relationship to pupil: _____

To keep up to date with current policy and procedures we are asking your permission to have medical training staff present while your child is being given their daily medication.

This is to observe school staff having their annual updates for medical interventions including gastrostomy feeds, daily medication administration, the administering of emergency medication and any other ad hoc medications.

Give consent for members of the NHS Community Training Team to be present during my child's medical intervention including gastrostomy feeds, daily medication administration, the administering of emergency medication and any other ad hoc medications.

_____ signed _____ date

Relationship to pupil: _____