

# TUDOR COURT PRIMARY SCHOOL

## ADMINISTER MEDICATION REQUEST



**PLEASE NOTE ALL MEDICATION MUST BE PROVIDED IN THE ORIGINAL PACKAGING**

<b>Forename and Surname of Pupil</b>		<b>Class</b>	
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<b>Name/Type of Medication</b>	
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Date last administered		Time last administered	
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Date Dispensed from		Date dispensed to	
Time(s) to be administered		Dosage i.e. 5 ml	
Fridge storage required	YES	NO	<i>Please provide a spoon/syringe for liquid medications</i>

<b>Reason for medication</b>	
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<b>Additional instructions/information: (e.g. before/after food, medicines, possible side effects)</b>

- I understand that I must hand the medicine **personally** to the School Office and collect the medication when the course is complete or at the end of each School day as required
- Medication will not be provided to children.
- Please inform the class teacher that your child needs to be sent to the Office at the time(s) shown above
- I accept that the School has a right to refuse to administer medication on my behalf.

<b>Signed</b>		<b>Date</b>	
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<b>DETAILS OF PARENT MAKING THIS REQUEST</b>			
<b>Full Name</b>			
<b>Relationship to Child</b>		<b>Daytime Telephone No.</b>	

**If your child is prescribed with an inhaler or Auto-injector, please authorise the below section:**

In the event my child is displaying symptoms of Asthma / Allergic Reaction and their medication is not available or faulty, I consent for my child to receive Salbutamol / Adrenaline from the emergency Inhaler / AAI held by the school.

<b>Signed</b>		<b>Date</b>	
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