



Sacred Heart Primary School

Request for school to administer medication

Please note that in line with school policy the school will not administer medicine to your child unless you complete and sign this letter.

I request the administration of medicine to:

Pupils Details

Name of child:

M/F: Class: Date of Birth:

Condition or illness:

Medication

Name/Type of Medication (See container)

For how long will this medicine be administered by school?

Date Dispensed:

Expiry Date:

The above medication(s) have been prescribed by a doctor. They are clearly labelled indicating contents, dosage and child's name in full.

Name of Prescribing Doctor

Name of Surgery:

Telephone Number of Surgery

Directions for Use:

Dosage and Method:

Times of Administration:

Any special precautions:

Any possible side effects:

Procedures to take in an emergency:

.....

Has this medication been given to the child prior to school today?

Yes

No

If yes, what time:

Medication to be returned at the end of the day?

Yes

No

Contact details:

Name:

Daytime Telephone Number:

Mobile Telephone Number:

Relationship to pupil:

I understand that the medicine must be delivered personally to the school and accept that this is a service that the school is not obliged to undertake.

I understand that I must notify the school of any changes in writing

Signed:

Date:

For completion by the school- Confirmation of Welfare Officer's agreement to administer medicine

I agree to arrange for the administering of medicines as requested by the parent.

Signed: Date:

Position:



Sacred Heart Primary School

Record of medicine administered to an individual child

Name of child:

Class:

Date medicine provided by parent:

Name and strength of medicine:

Final date of administration:

Dose and frequency of medicine:

Date					
Time Given					
Dose Given					
Staff Name					

Date					
Time Given					
Dose Given					
Staff Name					

Date					
Time Given					
Dose Given					
Staff Name					