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| **Request for the School Staff to Administer Medication**  The school will not give your child medicine unless you complete and sign this  form, and the Headteacher has agreed that school staff can administer the  medication.  DETAILS OF PUPIL  Surname: ……………………………………….. M/F …………………….  Forename(s): …………………………………… Date of Birth ……………  Address: ………………………………………… Class: …………………..  ………………………………………………….............................................  Condition or illness: …………………………………………………………  MEDICATION –  Name/Type of Medication  (as described on the container) ………………………………………………  Date dispensed: ………………………………………………………………  **Full directions of use:** ………………………………………………………  Dosage and method: …………………………………………………………  Timing: ………………………………………………………………………  Special precautions: …………………………………………………………  Side effects : …………………………………………………………………  Self administration: ………………………………………………………….  Procedures to take in an emergency: ………………………………………..  CONTACT DETAILS:  Name of Parent/Carer: …………………………… Daytime Phone No: ……………………….  Relationship to pupil: ……………………………………………………………………………  Address (if different from above) …………………………………….........................................  ……………………………………………………………………………………………………  **I understand that neither the Headteacher nor anyone acting on his/her authority, nor the**  **Governing Body, nor Suffolk County Council will be liable for any illness or injury to the child**  **arising from the administering of the medication or drug unless caused by the negligence of**  **the Headteacher, the person acting on his/her authority, the Governing Body, or Suffolk**  **County Council, as the case may be.**  Signature:…………………………………………………… Date: ……………………………  Relationship to pupil: ……………………………………….  Great Finborough Church Primary – Supporting Children with Medical Needs – Nov 2021 Page 10 of 11 |