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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 PUPILSurname: ……………………………………….. 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 |