North Yorkshire County Council

Request for School/Setting to Administer Medication (Form Med 1)

Photo (school will add)

This information will be held securely and confidentially and will only be shared with those who have a role or responsibility in managing the administration of medication to your child.

This form must be completed by the parent before the request can be considered.

Name of School/Setting ……

Child's/Young Person's Details

Name …….…… DoB…….

Address …….

Parent/carer name and contact number……

GP's name and contact number……

Emergency contact name(s) and number(s)……

Details of Medication

Medical condition/illness……

Medication name and strength……

Medication formula (e.g. tablets) and amount given to school/setting (e.g. number of tablets supplied)……

NB Medications must be in the original container as dispensed by the pharmacy

Dosage and frequency/time of administration……

Details for storage……

Administering instructions……

Any known side effects ……

Date first dose given …… Date last dose given…….

Potential Emergency Details

What would constitute an emergency? ……

……

……

……

What to do in an emergency……

……

……

Parental Statement of Consent

I (printed name of parent/carer)……

☒request and give my consent to school/setting administering this medication in accordance with the prescriber's instructions

☒confirm that the information and instruction given is accurate and up- to- date

☒will inform school/setting in writing of any changes to this information and instructions

☒understand that the medication may be given by non-medically qualified staff

☒agree to not hold staff responsible for loss, damage or injury when undertaking agreed administration of the medication unless resulting from their negligence

☒will abide by the school's/setting's policy and procedure for the delivery and return of medication

☒will ensure adequate supply of the medication that is within its expiry date

Signature of parent/carer ……Date……

School/Setting-Statement of Agreement

(Name of school/setting) …… agrees to administer this medication

☒In accordance with the prescriber's instructions

☒until the end of the course of medication or until instructed otherwise in writing by the parent/carer

Name of Headteacher/Manager (please print)……

Signature of Headteacher/Manager ……..Date……

NB Headteacher/Manager must establish that the appropriate knowledge, training and insurance

requirements for the giving of this medication are met before agreement is given If more than one medication is to be given then a separate form must be completed for each.

Administration of Medication Record (Form Med 2)

Sheet number…….

(In chronological order)

Name of School/Setting					
Name of child/young person				**DoB**	**Class**
Name of GP and contact number					
Emergency name and contact number					
Name of medication			**Any special instructions**		
Formula (e.g. tablets)					
Dosage and administering times					

Date & time of administration	**Dose Given**	**Any reactions and any action taken by staff**	**Name of person(s)administering / supervising *(please print)***	**Signature of person(s) administering/supervising**	**Additional information e.g. ☒Repeat prescription supplied ☒Medication returned to parent ☒Medication returned to pharmacy (Pharmacist signature required)**
