



KHNES: Medication Documentation

PARENT/CARER REQUEST FOR SCHOOL TO ADMINISTER MEDICATION

School cannot give your child medicine unless you complete and sign this form **and** the Assistant Headteacher has agreed that school staff can administer the medication.

Personal Details

Name of pupil:
Contact telephone number:
Condition or illness:

Medication

Name/ type of medication:(as described on the container)
Special storage requirements:
Date dispensed:
How long will your child take this medication?

Full Directions for Use

Dosage:
Frequency/timing:
Method:
Any particular problems with administration?
Side effects:

Parental Declaration

I will ensure that the appropriate staff members are aware when medicine arrives at school. I will complete another form if any of the above information changes.

Signature:

Date:

Relationship to child:



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REQUEST TO SELF- ADMINISTER MEDICATION FORM

School will not give your child permission to self-administer unless you complete and sign this form **and** the Headteacher has agreed to self-administration.

Personal Details

Name of pupil:
Contact telephone number:
Condition or illness:

Medication

Name/ type of medication:(as described on the container)
Special storage requirements:
Date dispensed:
For how long will your child administer this medication?

Full Directions for Use

Dosage:
Frequency/timing:
Method:
Any particular problems with administration?
Side effects:

Parental Declaration

I will ensure that the appropriate staff members are aware when medicine arrives at school. I will complete another form if any of the above information changes.

Signature:

Date:

Relationship to child:



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REQUEST FOR CHILD TO CARRY HIS/HER OWN MEDICINE

This form must be completed by parents/guardian

If staff have any concerns discuss this request with healthcare professionals

Name of school/setting	
Child's name	
Group/class/form	
Address	
Name of medicine	
Procedures to be taken in an emergency	

Contact Information

Name	
Telephone numbers.	(home) (mobile) (work)
Relationship to child	

I would like my son/daughter to keep his/her medicine on him/her for use as necessary.

Signed: _____

Date: _____

If more than one medicine is to be given a separate form should be completed for each one.