



Scholes (Elmet) Primary | St James' CE Primary | Moortown Primary

Managing Medicines (form 3a): Request to administer medicine

Medicines must be in the original container. Use a separate form if more than one medicine is to be given.
Staff have the right to refuse to administer medication for any reason.

Child's name and class: _____

Medical condition / illness: _____

Medicine *Continue on a separate sheet for any points below.*

Name / type of medicine: _____

Date dispensed: _____

Expiry date: _____

How to give (dosage and method): _____

When to give: _____

When should we stop giving medicine? _____

Agreed review date to be initiated by: _____

Special instructions / precautions: _____

Side effects for us to know about? _____

Can child take medicine independently? Yes / No *(delete as appropriate)*

Procedures to take in an emergency: _____

Contact details

Name: _____

Daytime telephone number: _____

Relationship to child: _____

Name and telephone number of GP: _____

The above information is, to the best of my knowledge, accurate.

I give consent to school (ie Scholes (Elmet) Primary / St James' CE Primary / Moortown Primary) staff to administer medicine in accordance with school policy. I understand that I must deliver the medicine personally to the school office and accept that this is a service that staff at Scholes (Elmet) Primary / St James' CE Primary / Moortown Primary are not obliged to undertake. I understand that I must notify the school in writing of changes. I give consent to the school to administer medication out of school if my child is on an education visit or other school trip.

I understand that I should collect any remaining medicine and that medicine remaining at the end of a term will be disposed of by school.

Signature(s) and date: _____

Relationship to child: _____

School agreement to administer medicine

To be completed by Head of School or School Manager: It is agreed that your child will receive the medicine in accordance with the details provided above. Medication will be given by a member of staff or self-administered; in both cases, another will witness the medication.

Signature(s) and date: _____



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Managing Medicines (form 4a): Request for child to carry his / her own medicine

This form must be completed by parent / carer.

Even if a child is able to administer the medicine independently, it will be stored centrally and safely by school.

If staff have any concerns discuss request with school healthcare professionals.

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

Child's name and class: _____

Medical condition / illness: _____

Medicine *Continue overleaf for any points below.*

Name / type of medicine: _____

Date dispensed: _____

Expiry date: _____

How to give (dosage and method): _____

Special instructions / precautions: _____

Side effects for us to know about? _____

Procedures to take in an emergency: _____

Contact details

Name: _____

Daytime telephone number: _____

Relationship to child: _____

Name and telephone number of GP: _____

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

Signature(s) and date: _____