

# SIDESTRAND HALL SCHOOL

## MED 1 FORM

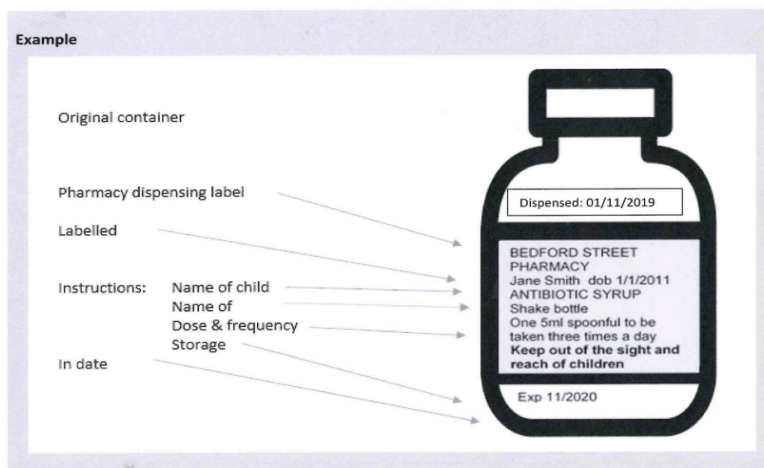
Request for school to administer medication



### STUDENT DETAILS

Name	
Date of birth	
Class	

The school **will not** give your child medicine unless; you complete and sign this form and send the medication in its original pharmacy labelled box with your child's name and the date clearly printed.

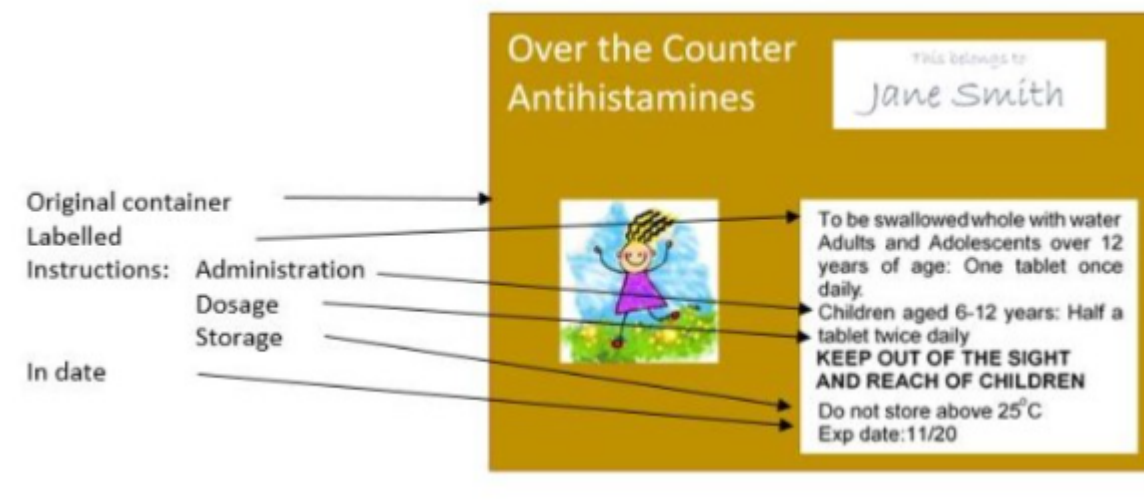


This is the information that staff must have in order to be able to administer prescription medications to your child.

Without the original pharmacy box and label we **cannot** administer your child's medication.

For over the counter medicines (shop bought) must be in the original container and contain the following:

- Dose and frequency information (appropriate to the child's age)
- Expiry date
- Child's name is written on the OTC medicine container
- Written reason for giving the medicine.



**MEDICATION DETAILS**

Name of medication	Strength	Duration of course	Doseage (how much)	Time to be given	Any other instructions

**Medicines must be in the original container as dispensed by the pharmacy**

**Emergency contact details**

<b>Name and daytime number of parent</b>	
<b>Name and number of GP</b>	

**Declaration**

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy.

I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

<b>Print name</b>	
<b>Signature</b>	
<b>Relationship to child</b>	
<b>Date</b>	