

# Avondale Primary School

## Request for the administration of medication during the school day

Date: \_\_\_\_\_

Name of Pupil: \_\_\_\_\_ Class: \_\_\_\_\_

Parent/Carer's Name: \_\_\_\_\_

Medication to be administered: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Reason for medication: \_\_\_\_\_

**MEDICATION WILL BE KEPT IN THE SCHOOL OFFICE  
UNLESS OTHERWISE INFORMED**

Medication to be administered by	School Staff	Yes/No
	Parent	Yes/No
	Child	Yes/No

Special procedures or instructions: \_\_\_\_\_

\_\_\_\_\_

Possible side effects: \_\_\_\_\_

\_\_\_\_\_

Emergency contact number in case of difficulties: \_\_\_\_\_

\_\_\_\_\_

School staff will endeavour to ensure that all medication is administered exactly according to instructions, but you must be aware that we have no medical training and we can, therefore, only do our best.

If you wish to be certain that any medication given is correctly administered at all times with a total guarantee of no mistakes, then we suggest that you take this responsibility upon yourself and we would welcome you in school at any time to do so.

Please remember that it is your responsibility to inform the school staff immediately of any change in dosage and/or administration procedures and to complete a new form when needed.

Please also ensure that we have sufficient medicine in school to administer the required dosage.

I have read and understood the above form and give my consent for school staff to exercise parental responsibility on my behalf during the administration of medication to:

\_\_\_\_\_  
(Child's Name)

Signed: \_\_\_\_\_  
(Parent/Carer)

Date: \_\_\_\_\_