The Blue Tangerine Federation

 SPECIAL EDUCATIONAL NEEDS SCHOOLS

Request for School to Administer Prescribed Medication

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| **Full name of pupil:** |
| **Class** | **Date of Birth:** |
| **Illness/Condition:** |
| **Name of Medication (as per prescribed medication)** | **Date prescribed:** |
| **Dosage and Method:** | **Times of administration** |
| **End date for administration:** | **Expiry date of medication:** |
| **Side effects:** |
| **Any other instructions/ special precautions:** |

The above information is, to the best of my knowledge, accurate at the time of writing and I give my consent to St. Luke’s staff administering medication in accordance with the school policy. I understand that medication must be delivered to school either by myself or my child’s passenger transport assistant/ escort.

I understand medication will be sent home at the end of each school term and if it is to continue, that I will complete a new form and return in date medication at the start of the following term.

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

NB: ALL MEDICATION MUST BE PRESCRIBED AND IN ITS ORIGINAL PACKAGING

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| **Parent/ Carer Signature** | **Contact Number:** |  |
| **Date:** |  |