Form Requesting the Administration of Medications

Dear Headteacher

I request and authorise that …… (*full name of child)* in Year …… be given the following medication. I take full responsibility for the administration of the medicine prescribed.

Name of medicine ……

Dosage ……

Time required ……..

This medication has been prescribed to my child by…… *(name of GP)*
whom you may contact for verification. The medication is clearly labelled indicating the contents, dosage and the child's full name.

Parental Emergency Contact Number: ……

Headteacher …… Date …….

Form Requesting the Administration of Medications in Cases of Anaphylactic Shock

I authorise …… *(name/s of trained individual/s)* to administer the injection as I am satisfied that he/she has been trained in the use of the injection and is competent in recognising the indications for its administration.

I fully understand that the medication will only be given if there is a suitably trained volunteer in school at the time. Should no volunteer be available, it is my responsibility to provide the necessary cover until the volunteer replacement is in school.

I confirm that I am the parent/person with parental responsibility in respect of the child and accordingly I am legally empowered to give authority for the administration of this medication.

Signed …… Date ……

Name ……..

Parental Emergency Contact Number: ……

Headteacher …… Date …….