

ENFIELD EDUCATION AUTHORITY

REQUEST FOR SCHOOL TO ADMINISTER MEDICATION AT HIGHLANDS SCHOOL

The school will not be able to give your child medicine unless you complete and sign this form and the Head teacher has agreed that school staff can administer the medication detailed.

All medication brought into school must be supplied in an appropriate and original container with the dispensing pharmacy details clearly stated, and name and contact details of doctor who prescribed medication.

DETAILS OF STUDENT

Surname		First Name(s)	
Address			
Condition or illness			
Male/Female	Date of birth	Class/Year	

DETAILS OF MEDICATION

Name/Type of medication (as described on the container)
For how long will your child take this medication?
Date dispensed and by whom.
Full directions for use:
Dosage and method
Timing
Special Precautions
Side Effects
Self Administration
Procedures to take in an Emergency

CONTACT DETAILS:

Name	Daytime Telephone No
Relationship to Pupil	
Address	
<p>I accept that the administration of medication is a service which the school is not obliged to undertake and that, in doing so, it is being done with my full consent and all appropriate information has been supplied.</p> <p>The above information is accurate to the best of my knowledge at the time of writing and I give consent to the school to administer the medication with the school (LEA) policy. I will inform the school in writing of any changes to the above information.</p> <p>I understand that I am responsible in ensuring that the appropriate medication is available to the school.</p>	
Signed	Date
Relationship to student	

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