



Scholes (Elmet) Primary | St James' CE Primary | Moortown Primary
Managing Medicines (form 3a): Request to administer medicine

Medicines must be in the original container. Use a separate form if more than one medicine is to be given.
Staff have the right to refuse to administer medication for any reason.

Child's name and class: _____

Medical condition / illness: _____

Medicine *Continue on a separate sheet for any points below.*

Name / type of medicine: _____

Date dispensed: _____

Expiry date: _____

How to give (dosage and method): _____

When to give: _____

When should we stop giving medicine? _____

Agreed review date to be initiated by: _____

Special instructions / precautions: _____

Side effects for us to know about? _____

Can child take medicine independently? Yes / No (*delete as appropriate*)

Procedures to take in an emergency: _____

Contact details

Name: _____

Daytime telephone number: _____

Relationship to child: _____

Name and telephone number of GP: _____

The above information is, to the best of my knowledge, accurate.

I give consent to school (ie Scholes (Elmet) Primary / St James' CE Primary / Moortown Primary) staff to administer medicine in accordance with school policy. I understand that I must deliver the medicine personally to the school office and accept that this is a service that staff at Scholes (Elmet) Primary / St James' CE Primary / Moortown Primary are not obliged to undertake. I understand that I must notify the school in writing of changes. I give consent to the school to administer medication out of school if my child is on an education visit or other school trip.

I understand that I should collect any remaining medicine and that medicine remaining at the end of a term will be disposed of by school.

Signature(s) and date: _____

Relationship to child: _____

School agreement to administer medicine

To be completed by Head of School or School Manager: It is agreed that your child will receive the medicine in accordance with the details provided above. Medication will be given by a member of staff or self-administered; in both cases, another will witness the medication.

Signature(s) and date: _____