

Appendix 1 Parent / Carer Request to Issue Prescribed Medication Form

Establishment (e.g. school, nursery)	
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I request that

Name:
(Print full name of person)

Date of birth (dd/mm/yyyy)
be given the medication shown below.

Name of Medication	Form of medicine eg. capsule, tablet, liquid	Date Prescribed	Duration of Course	Dose Prescribed	Time(s) to be given

The above medication has been prescribed by a health professional. It is clearly labelled indicating contents, dosage, expiry date and child's name in full.

PLEASE PRINT

GP Name
Address

I understand that the medication will be administered only to the person named and accept that this is not a service that this establishment is obliged to undertake.

Parent/Carer..... (Print name)

Address.....
.....

Signature of Parent/ Carer

Date..... (dd/mm/yyyy)

It is the parent/carer's responsibility to ensure that there is sufficient medication available and that it is in date. Out of date medication will not be administered without direct instruction from a Healthcare professional.

If parental consent given by telephone then a witness signature is required to confirm receipt of call.

Call received by: (print name).

Signature.....

Call witnessed by:- (print name).

Sign

Date(dd/mm/yyyy).

Note: Medication will not be accepted unless this form is completed and signed by the parent or legal guardian / carer of the child and the administration of the medication or health care procedure is agreed by the Head*.

*The Head reserves the right to withdraw this service.