



Swalwell Primary School
Request for school to issue prescribed medication

Dear Headteacher,

I request that (Full name of pupil) Class: be given the following medication while at school.

I confirm that the medicine has been prescribed by the family, or hospital, doctor and needs to be taken 4 times a day (or more) and is clearly labelled indicating contents, dosage and child's name in full.

I agree to drop off and collect the medication daily at the school office and accept that administering medication is not a service that the school is obliged to undertake.

Name of Medication	Special instructions <i>E.g. – with food?</i>	Date Prescribed	Duration of Course	Dose Prescribed	Time(s) to be given

Has the Doctor made you aware of any possible side effects of the medication that need reported on? **Yes / No**
If yes, please state what they are here:

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PLEASE PROVIDE DETAILS BELOW:

GP Name: (PLEASE PRINT)

Address: (PLEASE PRINT)

Parent/Carer Name: (PLEASE PRINT) **Signature:**

Date:

FOR OFFICE USE ONLY:

Medication Category: GSL P POM CD
Route of administration: Orally Topically Injection/Rectal/Other (*training must be provided*)
Administration type: Self Supervised Administered by 3rd party
Storage needs: Room temperature Refrigerated Lockable
Expiry date checked: Yes No

Staff Name: _____ Signature: _____ Date: _____

Note: Medication will not be accepted by the school unless this form is completed and signed by the parent or legal guardian of the child and the administration of the medication is agreed by the Headteacher.

The Head Teacher reserves the right to withdraw this service.