REQUEST FOR SCHOOL TO ADMINISTER MEDICATION

School: Glenurquhart Primary School **Head Teacher:** Mrs Kerrie Laird

The school will not give your child medicine unless you complete and sign this form, and school staff agree to administer the medication.

Details of pupil:

Surname:			Forename(s):		
Address:					
Date of birth:		Gender:		Class:	
Condition or illness:					

Medication 1: *Parents must ensure that medication supplied is in date and is properly labelled with a Pharmacy or Dispensed label which states:*

- *Pupil's name*
- *Name of medicine*
- *Dose*
- *Frequency of administration*
- *Date of dispensing*

Name/type of medication:				
How long will your child take this medication?				
Quantity:				
Full directions for use: dosage/ oral, injection, tube/ timing/ special precautions/ side effects				
Self administration:	Yes		No	

Head Teacher: Kerrie Laird, Glenurquhart Primary School, St. Drostans, Drumnadrochit IV63 6UT
Tel: (01456) 450458 E-Mail: glenurquhart.primary@highland.gov.uk
Website: http://www.glenurquhartprimary.org.uk/

Procedures to follow in an emergency:

Contact 1

Name:	
Emergency phone no:	
Relationship to pupil:	

Contact 2

Name:	
Emergency phone no:	
Relationship to pupil:	

I understand that I must deliver the medicine personally (to agreed member of staff) and accept that this is a service which the school is not obliged to undertake.

I undertake to inform the agreed member of staff immediately of any changes in the medication and provide an appropriately labelled supply.

Please note: This should be in written form.

Medicines will be replaced/replenished by me as required and I understand and agree that the school are not responsible for ensuring supply of the medication.

Signed (parent):_____ Date: _____

Signed (staff): _____ Date: _____