Request for school to administer medicine

The school will not give your child medicine unless you complete and sign this form, and the school has a policy that the staff can administer medicine

Name of School	Yew Tree Primary School
Name of Child	
Date of Birth	/ /
Class	
Medical condition or illness	

Medicine

Name/type of medicine (as described on the container)	
Date dispensed	
Expiry date	

Has your child taken this medicine before? YES / NO (PLEASE CIRCLE)

When has your child taken this?	
Dosage and method	
Medication end date	
Time/s to be given	
Special precautions	
Are there any side effects that the school needs to know?	

Self-administration YES / NO (PLEASE CIRCLE)

Procedure to take in an emergency	

Contact Details

Name	
Daytime Telephone N°	
Relationship to child	
Address	

I accept that this is a service that the school is not obliged to undertake. ***I understand that I must notify the school of any changes in writing and that I am responsible for collecting medication when it expires or at the end of the year.***

Date …… Signature ……

PLEASE SIGN IN RESPECT OF ASTHMA/CONDITION THAT REQUIRES AN INHALER : I confirm that I have no objection to the school's Salbutamol inhaler being used in an emergency for my child.

DATE…….. Signature……..

PLEASE SIGN IN RESPECT OF CONDITION THAT REQUIRES AN EPIPEN: I confirm that I have no objection to the school's EpiPen being used in an emergency for my child.

DATE…….. Signature……..