

EIPEN / DIABETIC OF MEDICATION FORM

The school will not give your child any medication unless you complete and sign this request form and the Executive Headteacher and Head of School has confirmed that school staff have agreed to administer the medication and, where necessary have received appropriate training.

DETAILS OF PUPIL

Surname	Forename(s)
Address	M/F
	DATE OF BIRTH
	CLASS/FORM
Condition or Illness	
Medication	
Name/type of medication (as described on container)	
For how long will your child take this medication?	
Date dispensed	Expiry Date

FULL DIRECTIONS FOR USE

Dosage and amount (as per instructions on container)
Method
Timing
Special storage instructions (explain if medicine should remain in school or return home daily)
Special precautions
Side effects
Self administration
Action to be taken if pupil refuses to take the medication
Procedures to take in an emergency

CONTACT DETAILS

Name	
Daytime Telephone No	
Relationship to Pupil	
Address	
<p>-I understand that I must deliver the medication personally to the School Office and I request that authorised staff administer the above medication to my child. I accept that this is a service which the school is not obliged to undertake.</p> <p>-I consent to medical information concerning my child's health to be shared with other school staff and/or health professionals to the extent necessary to safeguard his/her health and welfare.</p> <p>-I confirm that the medication has been prescribed by a doctor/consultant and that this information has been provided in consultation with my child's doctor/consultant.</p>	
Signature	Date
FULL NAME OF PARENT/CARER (IN CAPITALS)	

Each item of medication must be delivered in its original container and must be clearly labelled with the following information: pupil's name, name of medication, dosage, frequency of dosage, date of dispensing, storage requirements (if necessary) and expiry date.