

# REQUEST FOR SCHOOL TO ADMINISTER MEDICATION

MED 1

The school will not give your child medication unless you have completed and signed this form and the Head Teacher has agreed that school staff can administer the medication.

## 1. DETAILS OF PUPIL

Pupil's name:	Date of birth:
Address:	
School:	Class:
Tel No: Home:	Emergency:

## 2. DETAILS OF MEDICATION

Conditions or illness:	
Name/type of medication (as described on the container)	

Prescribed by: (Please tick as appropriate)

	GP	Name:
		Address:
	Hospital	Name:
		Address:
	Other	Name:
		Address:

For how long will your child take this medication?	
Full directions for use:	
Dosage and method:	
Times at which medicine/s to be given:	
Special precautions:	
Side effects:	

Procedures to be taken in an emergency: (eg asthma - maximum number of doses to be administered for treatment of acute wheezing)

### 3. STAFF INDEMNITY

East Lothian Council hereby indemnifies all authorised staff at the school from and against claims for negligent actions, costs, charges, losses, damages and expenses which they or any of them shall or may incur or sustain by reason of any negligent act or omission by them in the administration of the medication to the Pupil, provided always that the negligent act or omission was done in the course of their employment.

### 4. PARENTAL RESPONSIBILITY

- (i) I understand that I must deliver the medicine/s personally to you, and replace them wherever necessary, and accept that this is a service which the school is not obliged to undertake.
- (ii) I accept responsibility for advising you immediately of any change of treatment prescribed by any doctor or hospital.
- (iii) I understand the terms of the Staff Indemnity

Signature:  
(Parent/Carer)

Date:

Signature:  
(Pupil)

Date:

Date received by school:

Signature of Head Teacher:

ACTION TAKEN: