Coopersale Hall School

Request to Administer Medication

Medicines must be in the original container as dispersed by the pharmacy. If more than one medicine is to be given, a separate form should be completed for each one.

Child's Name		Class	
Home Address		Home Telephone No.	
Doctors Name and Address		Doctors Telephone No.	
Condition/Illness		Name/Strength of Medication	
Dosage		Method (e.g. orally)	
Frequency & Timing		Time of last dose administered	
Duration		Special Precautions/ Side Effects	
Expiry Date of Medication		Additional instructions/information (e.g. before/after food, possible side effects)	

FOR SUNCREAM USE ONLY: - Sun cream must be clearly labelled with child's name and class			
Time of application required		Area(s) of the body requiring protection	

Parental Declaration:
- *I declare that the above information is, to the best of my knowledge, accurate at the time of writing.*
- *I declare that I have sought medical advice as to the method of administration, the frequency and dosage of the medication, and whether my son/daughter is to self-administer the medication.*
- *I give consent to the school to administer the medicine in accordance with the school's policy.*
- *I declare that I will inform the school in writing of any changes in the dosage or frequency of the medication or if the medication is to be stopped.*
- *I understand that I must deliver the medicine personally to the School Office staff and accept responsibility for maintaining appropriate up to date medication.*
- *I indemnify the school (except if the school is negligent) against any claim resulting from the administration of the medication.*
- *I understand that the school will use reasonable skill and care, having regard to the age of the pupil and the nature of the medication, in relation to the supervision of the pupil's medication.*
- *I understand that the school reserves the right, upon written notice specifying a reason, to cease its involvement in the pupil's medication arrangements.*

Name of Parent/Guardian			
Signature of Parent/Guardian		**Date**	