BRAMFORD AND SOMERSHAM
PRIMARY SCHOOL FEDERATION

Request for the school to administer medication

The school will not give your child medicine unless you complete and sign this form, and the Executive Headteacher has agreed that school staff can administer the medication. Please read and sign the disclaimer printed below.

DETAILS OF PUPIL

Name: _____Class: _____

Condition or illness:_____

Please tick relevant box: ☐ One-off course of treatment OR ☐ Long-term /on-going course

MEDICATION

Name/Type of medication:_____

Date dispensed:_____

Full directions for use

Dosage and method:_____

Timing: _____

Special precautions:_____

Side effects:_____

Self-administration:_____

Procedures to take in an emergency: _____

_____

My child's doctor has prescribed the above medication. I understand that I must deliver the medication personally to an agreed member of staff. I accept that this is a service which the school is not obliged to undertake.

LEGAL DISCLAIMER

I understand that neither the Executive Headteacher nor anyone acting on his/her authority, nor the Governing Body, nor Suffolk County Council will be liable for any illness or injury to the child arising from the administering of the medication or drug unless caused by the negligence of the Executive Headteacher, the person acting on his/her authority, the Governing Body, or Suffolk County Council, as the case may be.

Signature: _____ Name: _____

Relationship to pupil: _____ Date: _____