



Parental request to administer medication in school – Long term

Oughtibridge Primary School will not give your child medication unless this form is completed and signed. Medication will only be administered if it has been prescribed to your child, is in the original, has a pharmacy label with details of dose and frequency that must be given during the school day.

Name of child			
Date of birth		Class	

Medical condition or illness			
Name of medicine			
Dose and method of administration			
Time to be given		Duration of treatment	
Side effects			
Storage requirements (e.g., fridge)			
Date medication dispensed		Expiry date of medication	
Actions to take in an emergency			

I understand that I must deliver the medicine to the school office and collect it at the end of the day in person.

I accept that this is a service that Oughtibridge Primary School is not obliged to undertake.

I understand that a non-medical professional will only administer my child's medication as defined by a prescribing professional.

Name			
Relationship to child			
Daytime telephone number			
Signed		Date	

For office use only.

(2 of 2)

Date	Received into school (staff initials)		Returned to parent (staff initials)
Administration	Time	By (initials)	By (initials)

Date	Received into school (staff initials)		Returned to parent (staff initials)
Administration	Time	By (initials)	By (initials)

Date	Received into school (staff initials)		Returned to parent (staff initials)
Administration	Time	By (initials)	By (initials)

Date	Received into school (staff initials)		Returned to parent (staff initials)
Administration	Time	By (initials)	By (initials)

Date	Received into school (staff initials)		Returned to parent (staff initials)
Administration	Time	By (initials)	By (initials)

Date	Received into school (staff initials)		Returned to parent (staff initials)
Administration	Time	By (initials)	By (initials)