RYDAL PENRHOS SCHOOL

REQUEST FOR MEDICINE TO BE ADMINISTERED IN SCHOOL

This form **must** be used for all requests for medicines to be given by School staff.

Part A
To be completed by the person (parent/guardian or School Health Centre Staff) making the request.

A separate form must be used for each medicine to be administered. Additional forms can be obtained from the HEALTH CENTRE or School Office.

All medicines must be **correctly labelled** with the pupil's name, name of medicine, dosage, date and expiry date.

NB. Administration of medicines is at the discretion of the member of staff to whom the request is made. Every effort will be made to fulfil your requirements. However, please note that neither the member of staff nor the School accept responsibility for failure to do so.

Part A Please complete all sections of the form below

Name of pupil…….. Form ……

Nature of illness or reason why medicine needs to be given.

……...……

Name of medicine ……..……...……

Dose to be given in milligrams …..…….…….

Route i.e. (by mouth, to be applied to skin, inhaled etc.) …….....

Time(s) to be given …… …….……....……...

Dates you would like the medicine to be given (from - to) …. ..……..…..

…….....

Requested by:

Signature …….. Date ..……..…….
(Parent/guardian, School Health Centre staff)

Member of staff accepting this request:

Name ……. .. Signature ……...

RECORD OF MEDICINE ADMINISTERED IN SCHOOL

Part B

To be completed by the member of School staff administering the medicines.
Please use a separate form for each medicine given.

Please keep this form with the medicine and **record** below **each time** the medicine is given

This form is a legal document and **must** be retained in the School Medical File alongside the Pupils Individual Treatment Record.

DATE	TIME	DOSE (if variable)	GIVEN BY (Sign)

Comments:

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PJS 06/18