

Parent / Carer Request to Issue Prescribed Medication Form

Establishment (e.g. school, nursery)	
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I request that

Name:
(Print full name of person)

Date of birth (dd/mm/yyyy)
be given the medication shown below.

Name of Medication	Date Prescribed	Duration of Course	Dose Prescribed	Time(s) to be given

The above medication has been prescribed by a health professional. It is clearly labelled indicating contents, dosage, expiry date and child's name in full.

PLEASE PRINT

GP Name
Address

I understand that the medication will be administered only to the person named and accept that this is not a service that this establishment is obliged to undertake.

Parent/Carer..... (Print name)

Address.....
.....

Signature of Parent/ Carer
.....

Date..... (dd/mm/yyyy)

It is the parent/carer's responsibility to ensure that there is sufficient medication available and that it is in date. Out of date medication will not be administered without direct instruction from a Healthcare professional.

If parental consent given by telephone then a witness signature is required to confirm receipt of call.

Call received by: (print name)

Signature.....

Call witnessed by:- (print name)Sign

Date(dd/mm/yyyy).

Note: Medication will not be accepted unless this form is <u>completed</u> and signed by the parent or legal guardian / carer of the child and the administration of the medication or health care procedure is agreed by the Head*.

*The Head reserves the right to withdraw this service.

