



ROSSETT ACRE PRIMARY SCHOOL

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Headteacher: Corrine Penhale

Deputy Headteacher: Cath Wilson

Our school:

'Excellence and happiness for all'

Charity No.1048680

Request for Rossett Acre Primary School to Administer Medication

This form must be completed by the child's parent/carer before the request can be considered. This information will be kept securely and confidentially and will only be shared with those who have a role or responsibility in managing the administration of medication to your child. **Please note only prescribed medication can be administered.**

Details of Child

Name: _____	DOB: _____
Home address: _____ _____	Postcode: _____
Parent/carer name: _____	Parent/carer contact number: _____
GP Surgery: _____	GP contact number: _____
Emergency contact 1 name: _____	Emergency contact 1 number: _____
Emergency contact 2 name: _____	Emergency contact 2 number: _____

Details of Medication

NB Medication must be in the original container as dispensed by the pharmacy

Medical condition/illness: _____
Medication name and strength: _____
Medication formula (eg tablets): _____



Prescribed dosage and frequency/time of administration: _____

Details for storage: _____

Administering instructions: _____

Any known side effects: _____

Date of first dose given: _____ Date of last dose given: _____

Potential Emergency Details

What would constitute an emergency? _____

What to do in an emergency _____

Parental Request and Statement of Agreement

I (printed name of parent/carer) _____

- * request and give my consent to Rossett Acre Primary School administering this medication in accordance with the prescriber's instructions
- * confirm that the information and instruction given is accurate and up-to-date
- * will inform the school, in writing, of any changes to this information and instructions
- * understand that the medication may be given by non-medically qualified staff
- * agree to not hold staff responsible for loss, damage or injury when undertaking agreed administration of the medication unless resulting from their negligence
- * will abide by the school's policy and procedure for the delivery and return of medication
- * will ensure adequate supply of the medication that is within its expiry date

Signature of parent/carer: _____ Date: _____

School Statement of Consent

Rossett Acre Primary School agrees to administer this medication in accordance with the prescriber's instructions, until the end of the course of medication or until instructed otherwise, in writing, by the parent/carer

Name of Headteacher/Manager (please print): _____

Signature of Headteacher/Manager _____ Date: _____

NB The Headteacher/Manager must establish that the appropriate knowledge, training and insurance requirements for the giving of this medication are met before consent is given

If more than one medication is to be carried and self administered then a separate form must be completed for each.