

Toftwood Infant School
School Lane
Toftwood
Dereham
Norfolk
NR19 1LS

01362 692612

admin@toftwood.norfolk.sch.uk



Toftwood Junior School
Westfield Road
Toftwood
Dereham
Norfolk
NR19 1JB

01362 694919

reception@toftwood-jun.co.uk

Website: www.toftwood.norfolk.sch.uk
Toftwood Infant and Junior School Federation
Executive Headteacher - Mrs Joanna Pedlow

REQUEST FOR SCHOOL TO ADMINISTER PRESCRIBED MEDICATION

In order for school staff to give your child prescribed medication, you must complete and sign this form. The federation has a policy that the staff can administer prescription medicine. Please see the policy for more details.

Name of child

Date of birth

Class

Medical condition or illness

GP or consultant prescribing medication

Medicine

Name/type of medicine
(as described on the container)

Tablet/liquid/cream etc?

Amount provided & Duration of Course

Expiry date

Storage eg in fridge

Dosage and method

Time to be administered

Special precautions/other instructions

Are there any side effects that the school/setting needs to know about?

Self-administration - y/n

Procedures to take in an emergency

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details of parent/carer

Name

Daytime telephone no.

Relationship to child

Address

I understand that I must deliver the medicine personally to

The school office

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

If the school have concerns about any side effects of the medication, or need any further information on the medication or its administration, I give consent for them to contact the GP or hospital as required.

Signature _____ Date _____

Name (Please print) _____

Administering Medication Record

(To be completed by staff member administering/overseeing medication)

Date			
Time given			
Dose given			
Amount Remaining			
Name of member of staff			
Signature			

Date			
Time given			
Dose given			
Amount Remaining			
Name of member of staff			
Signature			

Date			
Time given			
Dose given			
Amount Remaining			
Name of member of staff			
Signature			

