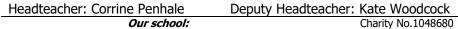


## **ROSSETT ACRE PRIMARY SCHOOL**

Pannal Ash Road, Harrogate HG2 9PH

Telephone: 01423 561579 e-mail: office@rap.rklt.co.uk

website: www.rossettacre.n-yorks.sch.uk



'Excellence and happiness for all'



## **Request for Child to Self-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 store as		
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		
* request and give my consent to Rossett Acre Primary School administering this naccordance 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 instruction  * 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 and 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 unless resulting from their negligence  * will ensure adequate supply of the medication that is within its expiry date  Signature of parent/carer:	medication in  ns  greed ication	
School Statement of Consent		
Rossett Acre Primary School agrees to administer this medication in accordance with the instructions, until the end of the course of medication or until instructed otherwise, in with parent/carer	•	
Name of Headteacher/Manager Corrine Penhale		
Signature of Headteacher/Manager Date:		
NB The Headteacher/Manager must establish that the appropriate knowledge, training 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.