



**ROSSETT ACRE PRIMARY SCHOOL**

Pannal Ash Road, Harrogate HG2 9PH

Telephone: 01423 561579

e-mail: [office@rap.rklt.co.uk](mailto:office@rap.rklt.co.uk)

website: [rossettacreprimary.co.uk](http://rossettacreprimary.co.uk)

Headteacher: Kate Woodcock

Deputy Headteacher: Anna Ingle



*Our school:*

*'Excellence and happiness for all'*

Charity No.1048680

**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 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 **Kate Woodcock**

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.**