

Parental request for Oughtibridge Primary School to administer medicine (short-term)

Oughtibridge Primary School will not give your child medicine unless you complete and sign this form. Medicine will only be administered if prescribed by a doctor, is in the original bottle with your child's name clearly visible and the dosage is marked and required four or more times per day.

Name of child _____ Please print clearly

Date of birth _____ Class _____

Medical condition or illness _____

Name of medicine _____

Date dispensed _____ Expiry date _____

Dosage and method _____

Timing /duration _____

Special precautions/storage requirements _____

Are there any side effects the school needs to know about _____

Procedures to take in an emergency _____

Contact details

Name _____ Relationship to child _____

Daytime telephone number _____

- * I understand that I must deliver the medicine to the School Office and collect it at the end of each day in person.
- * I accept that this is a service that Oughtibridge Primary School is not obliged to undertake.
- * I understand that a non-medical professional will administer my child's medication, as defined by the prescribing professional only.

Date _____ Signed _____ Relationship to child _____

OFFICE USE ONLY:

DAY/DATE GIVEN _____ TIME _____ BY _____

DAY/DATE GIVEN _____ TIME _____ BY _____

DAY/DATE GIVEN _____ TIME _____ BY _____

DAY/DATE GIVEN _____ TIME _____ BY _____

DAY/DATE GIVEN _____ TIME _____ BY _____