

Request for medication to be administered on a short-term basis.

The school is not able to give your child medicine unless this form is completed and the head teacher has agreed that school staff can administer the medicine. Wherever possible, pupils are encouraged to administer their own medication under staff supervision.

Part 1 – Pupil’s Details

Pupil’s Name.....

Address.....

Date of Birth

Part 2 – Details of medical condition and medication

Medical condition / illness

Name / type of medication (from label).....

.....

For how long is your child required to take this medication?.....

Date medication dispensed (from label)

Dosage and method

Timing

Precautions / side effects (if any).....

Self-administration: is your child able to administer their own medication? Yes / No

Do you wish them to do so ? Yes / No

Part 3 – Emergency Procedures

Name of emergency contact.....

Relationship to pupil.....

Emergency contact phone number

Emergency contact address.....

Staff Indemnity

East Dunbartonshire Council indemnifies and holds harmless all staff at the school from and against all actions, costs, charges, losses, damages and expenses which they, or any of them, shall or may incur or sustain by reason of any act or omission by them in the administration of medication to the pupil, provided always that the act or omission was done in the course of their employment.

Part 4 – Parental Responsibility

I accept responsibility for delivering medicine to the school and for replacing it when necessary

I accept responsibility for advising the school immediately of any change of treatment prescribed by the hospital or doctor

I understand that:

Medication will not be disposed of by school staff

I am responsible for the disposal of date expired medicines

I must collect unused medicines from school at the end of each year

Signature of parent.....

Date