



Parent/Carer Request for Educational Establishment to Administer Medication

Falkirk Council Children's Services

The educational establishment will not give your child medicine unless you complete and sign this form

Surname of Pupil: \_\_\_\_\_ Forename \_\_\_\_\_

Address: \_\_\_\_\_ MM/F: \_\_\_\_\_

DOB: \_\_\_\_\_ Class: \_\_\_\_\_

Condition of Illness: \_\_\_\_\_

Name/Type of Medication: \_\_\_\_\_

(as described on the container)

How long will your child take this medication ? \_\_\_\_\_

Date Dispensed: \_\_\_\_\_

FULL DIRECTIONS FOR USE

Dosage: \_\_\_\_\_ Timing: \_\_\_\_\_

Precautions: \_\_\_\_\_

Side Effects: \_\_\_\_\_

Self-Administration: \_\_\_\_\_

Procedures to take in an emergency: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Relationship to Pupil: \_\_\_\_\_ Daytime Tel No: \_\_\_\_\_

Address: \_\_\_\_\_

I understand that:

- 1. I must deliver the medicine personally to \_\_\_\_\_ (member of staff).
2. If no member of staff who is trained to give the medication is available, then the medication will not be given and I will be informed.
3. I will collect out of date medicine from the educational establishment and ensure that all medication is collected prior to the summer holidays.

Parent/Carer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Pupil: \_\_\_\_\_