

FORM AM1 - REQUEST FOR NORMANBY PRIMARY TO ADMINISTER MEDICATION

The school will **not** give medicine to your child unless you complete and sign this form, and the Head Teacher has agreed that Academy staff can administer the medication.

PUPIL DETAILS			
Surname:		First name(s):	
Address:			
Male / Female:		Date of birth:	
Condition / Illness:			
MEDICATION			
Name / type of medication: (as described on the container)			
Length of time your child will need to take this medication:		Date dispensed: (as described on the container)	
Full directions for use:			
Dosage and method:			
Timing:			
Special precautions:			
Side effects:			
Supervised self administration permissible:	Yes	No	(Circle as appropriate)
Procedures to take in an emergency:			
NB If your child refuses to take the prescribed medication, Academy staff will not force them to do so. In this event you will be contacted immediately. If necessary we will call emergency services.			
CONTACT DETAILS			
Name:		Daytime telephone number:	
Relationship to pupil:		Alternative contact number:	
<p>I understand that I must deliver the medicine to the agreed member of staff in its <i>original container / packaging</i>, together with a clean medicine spoon or measuring cup and be clearly labelled with:</p> <ul style="list-style-type: none"> ▪ Contents i.e. name and type of medicine ▪ Child's name ▪ Date ▪ Dosage ▪ Prescribing doctor's name <p>I accept that this is a service which the school is not obliged to undertake.</p>			
Signature:		Date:	
Approved?	YES	NO	Contact parent/ carer
Head Teacher	Signed:	I will ensure that they will be given (or supervised whilst they take) their medication by a nominated member of staff	