**Saint Pierre School – Parental Request for School to Administer Medicine**

**Staff will not be in a position to administer medication unless this form has been completed and accompanies the medicine as described below.**

Child’s Name: ------------------------------------------------------------------------------

Year: -------------------------------------------------------------------------------

Details of Medicine: --------------------------------------------------------------------------------

Expiry Date of Medicine: --------------------------------------------------------------------------------

Dosage: --------------------------------------------------------------------------------

Dates to be Administered: ---------------------------------------------------------------------------------

Times to be Administered: ---------------------------------------------------------------------------------

**NB: Medicines MUST be in the original packaging as dispensed by the pharmacy and in date.**

Name of GP: ----------------------------------------------------------------------------------

Phone No of GP: ----------------------------------------------------------------------------------

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent for Saint Pierre School to administer the above medicine at the specified times.

Parent’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please leave blank – Authorised Member of Staff To Sign**

I confirm that the above information is in order and the appropriate medicine has been received and will be administered by a member of staff at the required time. A record of this will be kept in the ‘Administering Medicines Record’ folder in the school office.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_