**Oxford High School**

**Request to Administer Medicine to a Pupil**

**The school will not give your child medicine if you do not complete this form**

**PUPIL DETAILS**

Name of Pupil: …………………………………………………………………………………… Class: ………………….………………..

Date of Birth: ………………………………………………………………

Medical Condition / Illness: ……………………………………………………………………………………………………………………

**MEDICINE INFO**

Name / Type of Medicine: ………………………………………………………………………………………………………….………….

Date dispensed: ……………………………….……….. Date of expiry: ………………………………………………………

Dosage and Method: ………………………………………………………………………………………………………………….………..

Date(s) to be administered: …………………………………………………………………………………………………………………..

Timing of Doses: ………………………………………………………………………………………………………………………….……….

Special Precautions: ……………………………………………………………………………………………………………………….…….

Are there any side effects that the school needs to be aware of: ………………………………………………….………

…………………………………………………………………………………………………………………………………………………….………..

Does the medicine need to be kept in the refrigerator? Yes / No

**CONTACT DETAILS**

Name: …………………………………………………………………………………………

Daytime Tel Number: ………………………………………………………………….

Relationship to pupil: …………………………………………………………………

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| --- |
| **Before any child is administered medicine by a nurse/designated person, all medication must be prescribed for the named child. It must be in the original packaging with the child’s name, dose and time that the medication has to be taken. If this is not adhered to the staff will not be able to administer the medication.** |

* I understand that this is a service that school is not obliged to undertake.
* I understand that the school reserves the right to refuse to administer medication in cases where the timing or nature of administration are of vital importance and if serious consequences could result if a member of staff forgets to administer the medication.
* I understand that I must notify the school of any changes in my daughter health.

………………………………………………………………..………. ……………………………..………………………………….

(Parent/Guardian signature) Date

**Oxford High School**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date** | **Pupil’s Name** | **Time** | **Name of Medicine** | **Dose Given** | **Signature of Staff** |
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**Record of medicine administered to a pupil**