



Request for School/Setting to Administer Medication (Form Med 1)

This form must be completed by the child's/young person's parent before the request can be considered

Child's/Young Person's Details

Name of child

Details of Medication

Medical condition/illness.....

A. Medication name and strength.....

B. Medication name and strength.....

NB Medications must be in the original container as dispensed by the pharmacy

A. Dosage and frequency/time of administration.....

B. Dosage and frequency/time of administration.....

Details for storage.....

Parental Statement of Consent

I (printed name of parent/carer).....

- request and give my consent to school/setting administering this medication in accordance with the prescriber's instructions
- confirm that the information and instruction given is accurate and up- to- date
- will inform school/setting in writing of any changes to this information and instructions
- understand that the medication may be given by non-medically qualified staff
- agree to not hold staff responsible for loss, damage or injury when undertaking agreed administration of the medication unless resulting from their negligence
- agree to not hold staff responsible in the event of the administration of the medication being overlooked
- will abide by the school's/setting's policy and procedure for the delivery and return of medication
- will ensure adequate supply of the medication that is within its expiry date

Signature of parent/carerDate.....

