

AM 1

BARNSLEY METROPOLITAN BOROUGH COUNCIL
EDUCATION SERVICES

This form is to be used for parental requests to schools for the administration of a prescribed medicine.

SECTION 1

SCHOOL

DATE OF REQUEST

SECTION 2

PUPILS NAME

YEAR GROUP

ADDRESS

TELEPHONE NUMBER

DAY TIME EMERGENCY
CONTACT NUMBER

PARENT(S) OR
CARER(S) NAME

SECTION 3

NAME OF MEDICATION

CONDITION OR ILLNESS
EG EAR INFECTION

ISSUING PHARMACY

DATE PRESCRIBED

DETAILS OF DOSAGE

DATE COURSE OF
MEDICATION FINISHES

SECTION 4

Name of GP

Address

Telephone No

SECTION 5

Arrangements agreed with the parent(s) or carer(s) if child refuses to take medication.

SECTION 6 DECLARATION BY THE PARENT/LEGAL GUARDIAN OF

I consent to my child being administered the prescribed medicine as detailed in Section 3 in accordance with the dosage at the following time(s)

- (i) between 8.30am and 12.00pm at _____
- (ii) between 12.00pm and 4.00pm at _____

I understand that the LEA, Governing Body of the school and the staff cannot accept responsibility for any adverse reaction my child may suffer as a consequence of being administered the prescribed medication at my request.

Signed: _____

Relationship to child: _____

Date: _____

SECTION 7

APPROVAL FOR REQUEST YES/NO

_____ **HEADTEACHER**

_____ **DATE**