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| --- | --- | --- |
|  | **Rainey Endowed School Request for RES to Administer Medication****RES will not give your child medicine unless you complete and sign this form, and the Principal/Vice Principal has agreed that school staff can administer the medicine.** | **Form AM2** |

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| **Student Details** |
| **Student Name** |  | **Tutor Group** |  |
| **Date of Birth** |  | **Condition or Illness** |  |

|  |  |
| --- | --- |
| **Contact 1 Details** | **Contact 2 Details** |
| **Name** |  | **Name** |  |
| **Home Number** |  | **Home Number** |  |
| **Work Number** |  | **Work Number** |  |
| **Mobile Number** |  | **Mobile Number** |  |
| **Relationship to Student** |  | **Relationship to Student** |  |
| **GP Contact Details** | **Hospital Contact Details (if relevant)** |
| **GP Name** |  | **Named Contact** |  |
| **Surgery Name** |  | **Hospital Name** |  |
| **Phone Number** |  | **Phone Number** |  |

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| **Medication** - **Parents must ensure that in date, properly labelled medication is supplied.** |
| **Name/Type of Medication (as described on the container)** |  |
| **Date Dispensed** |  |
| **Expiry Date** |  |
| **Full Directions for Use** |  |
| **Dosage and Method (Dosage can only be changed on a doctor’s instructions)** |  |
| **Timing** |  |
| **Special Precautions** |  |
| **Are there any Side Effects RES needs to know about?** |  |
| **Self-Administration** | **Yes** / **No *(delete as*** *appropriate)* |
| **Procedures to take in an Emergency** |  |

I understand that I must arrange for the medication to be delivered to RES First-Aider and accept that this is a service which RES is not obliged to undertake. I understand that I must notify RES of any changes in writing.

Parental/Guardian Signature: Date:

**Agreement of Principal/Vice Principal**

I agree that (student name) will receive medication as per

information detailed above. This student will be supervised whilst he/she takes the medication by

 (name of staff member). This arrangement will continue until the end
date of the course of the medication or until instructed by parents.

Principal/Vice Principal Signature: Date:

**This original should be retained on the school file and a copy sent to the parents by RES First-Aider to confirm RES’s agreement to administer medication to the named student.**