



Rainey Endowed School Request for RES to Administer Medication

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	

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 reception 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 to confirm RES's agreement to administer medication to the named student.