

APPENDIX 1: Parent/Carer Request to Issue Medication Form

Establishment (e.g. school, nursery)	
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Name:
 (Print full name of child/young person)

Date of birth (dd/mm/yyyy)

Name of Medication (state if prescribed / non-prescribed)	Date Required	Duration of Course	Dose Required	Time(s) to be given

Reason for medication:

PLEASE PRINT

GP Name

GP Address

GP Tel No

I understand that the medication will be administered only to the person named and accept that this is not a service that this establishment is obliged to undertake.


Parent/Carer..... (Print name)

Address.....

Signature of Parent/Carer

Date

Link to online document/templates and resources
www.nhs.uk/borders.scot.nhs.uk/patients-and-visitors/our-services/children-young-peoples-services-directory/multiagency-administration-of-medicines-for-c-and-yp/



It is the parent/carer's responsibility to ensure that there is sufficient medication available and that it is in date. Out of date medication will not be administered.

If parental consent given by telephone then a witness signature is required to confirm receipt of call.

Call received by: (print name)

Signature.....

Call witnessed by: (print name)

Signature.....

Date (dd/mm/yyyy).

Note: Medication will not be accepted unless this form is completed and signed by the parent or legal guardian / carer of the child and the administration of the medication or health care procedure is agreed by the Head*.

*The Head reserves the right to withdraw this service.