

Administration of medicine to a pupil
Intimate medical procedures for a pupil

To: Headteacher

School : Dobwalls C P School

*delete as applicable

*I wish my child to have the following medicine administered by school staff as indicated below:

*I wish my child to have the following medical procedure applied as indicated below:

A. Administration of medicine

1. Name of medicationUse by Date.....

2. Time(s) at which it is to be given

3. Amount to be given

4. Means of administration

[tick box]

- a) tablet []
- b) capsule []
- c) liquid []
- d) lotion or ointment []

B. Medical procedure involving physical contact

involving:

- a) injection []
- b) catheter []
- c) suppository []
- d) ointment application []

This is only possible for medication prescribed by the child's doctor

I undertake to deliver the medicine personally to a member of staff and to replace it whenever necessary. I also undertake to advise you immediately of any change of treatment prescribed by the doctor or hospital. I will remove any unused medicine on request when the course of treatment is finished.

In the case of any medicine or procedure which involves intimate bodily contact, eg the use of a catheter, suppository or injection I understand that this cannot be administered or applied until adequate training has been given to one or more members of staff by a doctor or nurse.

Signed Date

Received by school on

Treatment completed and request for administration at school withdrawn on

