

**Medication Request Form      Greenleas Primary School**

Please note that medicines cannot be given in school unless this form is completed.

We will do our best to ensure that medication is given on time but very occasionally there may be times when, due to unforeseen circumstances, a child may miss a dose of their medication. If you feel that this is unsatisfactory you are welcome to come in daily to administer the medication yourself at the appropriate times.

Inhalers for children with asthma are kept in the office area where children are able to access them when they are needed. We will supervise children who come to use their inhaler but we encourage the children to be as independent as possible in administering their inhalers.

Due to the large number of asthmatic children in school we cannot continually remind children to use their inhalers at particular times.

If your child has a particularly bad bout of asthma attacks please inform us in writing and we will of course be extra vigilant.

**Details of Pupil**

Name ..... Date of Birth.....

Address.....

Condition .....

**Medication**

Name of medication (as described on the container)  
.....

Any potential side effects which school should be aware of  
.....

For how long will the medication need to be given  
.....

Date dispensed .....

**Directions for use**

Please give information about the dose and the time that the medication should be given.

.....  
.....  
.....

Is the child able to administer the medication independently?  
Yes/No

**Permission**

I give permission for my child to be given the medication described above and understand that this is a service that the school is not obliged to undertake.

Date..... Name.....

Relationship to the pupil eg parent, guardian.....

Signature .....

I agree to administer the medication as detailed above.

Signed \_\_\_\_\_ Date \_\_\_\_\_