

Parent/Guardian's Request for Marlborough School Staff to Administer Medication

I/We request that: (Child's Name)

Address: be given medication at Marlborough School in Glenfield.

1. I/we accept that the school does not have a trained medical officer to administer Medicines.
2. I/we accept responsibility for the decision to give this medication to my/our child, And acknowledge the school is in no way responsible for that decision.
3. I/we also accept that the school cannot guarantee that the medication will be Given at a precise time or by the same person although every endeavour will be made to do so.
4. I/we will notify the school about any changes to dose, and recommended time When medication is to be given, and fill out a new request form.

Name of Medication:

Dosage and time medication is to be given at school:
.....

Expiry Date of medication (on container)

Date when medication is to finish:

Special storage requirements, ie in fridge etc

Any side effects of medication:

Name and phone number of GP or Specialist (if applicable)
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Parent or Guardian's Phone Number during school hours:

After hours:

Emergency Contact Number:

Signed (Name in Full) **Relationship to Child:**

Date: