



Falkirk Council
Children's Services

Med 1

**Parent/Carer Request for Educational Establishment
to Administer Medication**

The educational establishment will not give your child medicine unless you complete and sign this form

Surname of Pupil: _____ **Forename:** _____

Address: _____ **M/F:** _____

DOB: _____ **Class:** _____

Condition of Illness: _____

Name/Type of Medication: _____
(as described on the container)

How long will your child take this medication?: _____

Date Dispensed: _____

FULL DIRECTIONS FOR USE

Dosage: _____ **Timing:** _____

Precautions: _____

Side Effects: _____

Self-Administration: _____

Procedures to take in an emergency: _____

Emergency contact name: _____

Relationship to pupil: _____ **Daytime Tel No:** _____

Address: _____

I understand that:

1. I must deliver the medicine personally to _____ (member of staff).
2. If no member of staff who is trained to give the medication is available, then the medication will not be given and I will be informed.
3. I will collect out of date medicine from the educational establishment and ensure that all medication is collected prior to the summer holidays.

Parent/Carer's Signature: _____ **Date:** _____

Relationship to Pupil: _____