

FORM A: REQUEST FOR MEDICATION TO BE ADMINISTERED TO DAY STUDENTS



Date: _____

Student Name: _____

Only medication prescribed by a doctor can be administered during the school/college day. The dispensing label must bear the correct dosing details. e.g. If the label states "Give 10mls TWICE daily" yet you are asking for 15mls to be given, Young Epilepsy staff will not be able to administer the dose you have requested.

Please complete the following details.

Medication Name eg Methylphenidate Tablets	Medication Dosage eg 10mg;25mg/ml; 1% cream 50 micrograms/puff etc	Dose to be given eg 10mls/2 tabs	Time to be given eg 12:30 For as required medication please state the time interval to be left between doses	Quantity Supplied

This medication is to be given **indefinitely/until** _____ (delete/complete as appropriate)

I **do/do not** need the medication returned each day (delete as appropriate) (NB Antibiotics will normally need to be delivered/returned on a daily basis)

_____ (signature)

_____ (print name)

School/FE Medication Trained Staff to complete:

Date	Medication Received Drug Name/Strength/Dosage Form	Quantity	Expiry Date	Staff Signature
Date	Medication Returned Drug Name/Strength	Quantity	Expiry Date	Staff Signature

Received by (parent/escort/carer):

Date: