Midlothian Council - Education and Children's Services

Midlothian

MED2

REQUEST FOR MEDICATION TO BE SELF ADMINISTERED

This form must be completed by parents/carers of young persons under 16.

1. DETAILS OF CHILD

Child's name: .... Date of birth: ....

Address: ....

....

....

School: .... Class:...............................

Tel. No: Home .... Emergency ……………………………..

DETAILS OF MEDICATION

Condition or illness ....

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

Has your child already used this medication at home Yes/No

Were there any adverse reactions/side effects Yes/No If Yes, please give details

……………………………………………………………………………………………………

Prescribed by: please ✓

☐ GP Name

....

Address ....

☐ Hospital Name

....

Address..

☐ Other Name ....

Address ....

For how long will your child take this medication? ....

Full directions for use: ....

Dosage and method? ....

Times at which medicine(s) should be given: ....

Special precautions: ....

Procedures to be taken in an emergency: (e.g. asthma – maximum number of doses to be administered for treatment of acute wheezing?)

....

....

....

2. PARENTAL RESPONSIBILITY

(i) I would like my daughter/son to keep her/his medication on her/him for use as necessary.

(ii) I understand that I must deliver the medicine(s) personally to you and to replace them wherever necessary.

Delete (i) or (ii) as appropriate.

Signature of parent/carer: .... Date ....

Date received by Establishment...

Head of Establishment's Signature

....

ACTION TAKEN