

PRN – (AS NEEDED MEDICATIONS) TO INCLUDE INHALERS, PARACETAMOL, MOVICOL AND IBUPROFEN.

REQUEST FOR THE ADMINISTRATION OF MEDICATION



TODAYS DATE:

To the Head teacher of Birkett House School

From: The parent/carer of (Full Name of Student)

Date of Birth

The young person named above has been diagnosed with the following illness/condition:

He/she appears well enough to attend school, I understand that only one dose of any pain relief/temperature medication will be administered during the school day. The medical team will always contact parents/carers before administration.

Name of medication	Strength of medication	Dose of medication	Special requirements
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please could you administer dosage at time.

With effect from

Until

The medication needs to be administered in the following way (please circle the correct method)

Mouth Ear Eye drops Nasally Inhaled Gastrostomy Other(please describe)

I understand that all staff are acting voluntarily in administering medication and have the right to refuse to administer medication. I also understand that school staff cannot undertake to monitor the use of inhalers carried by the young people. School is not responsible for the loss or damage to any medication.

Please sign to confirm that you agree to the information above:

I understand that I need to update the school with any changes in the administration for both routine and emergency medication and to maintain an in date supply of medication.

Please tick to confirm this:

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Name of parent/carer (please print):

Signature:

Name of child (please print):

Contact details:

Name and telephone

Name and telephone number 2

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