

**Form M1: request for medication to be administered on a short-term basis.**

**Parents and pupils should note that there is no statutory obligation on school staff to administer or supervise the taking of medicines in schools. The responsibility for this rests with the health service. This school will not give your child medicine unless you complete and sign this form and the head teacher has agreed that school staff can administer the medicine. Wherever possible, pupils are encouraged to administer their own medication under staff supervision.**

**Part 1. Pupil's details**

Pupil's Name .....

Address .....

School .....

Year group/stage .....

**Part 2. Details of medical condition and medication**

Medical condition/illness.....

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

.....

For how long is your child required to take this medication? .....

.....

Date medication dispensed .....

Full directions for use .....

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.....

Dosage and method .....

Timing .....

Special precautions .....

Side effects (if any) .....

**Self-administration:** is your child able to administer his/her own medication and if so, do you wish your child to do this? .....

**Part 3: Procedures to be taken in an emergency**

Contact details .....

Name of emergency contact person .....

Relationship to pupil .....

Address (if different from that given in part 1 above) .....

Emergency contact telephone number .....

<p style="text-align: center;"><b>Staff indemnity</b></p> <p>East Dunbartonshire Council indemnifies and holds harmless all staff at the school from and against all actions, costs, charges, losses, damages and expenses which they, or any of them, shall or may incur or sustain by reason of any act or omission by them in the administration of medication to the pupil, provided always that the act or omission was done in the course of their employment.</p>
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**Parental responsibility:**

- a) My son/daughter will carry the medicine(s) at all times, for taking as required/specified.\*
- b) I accept responsibility for delivering the medicine(s) personally to you and to replace them when necessary. \*

\* Delete (a) or (b) above as appropriate.

- a) I accept responsibility for advising you immediately of any change of treatment prescribed by any doctor or hospital.
- b) I understand the terms of the staff indemnity.
- c) I understand that:
  - medication will not be disposed of by school staff;
  - I am responsible for the disposal of date expired medicines;
  - I must collect medicines from school at the end of each term.

Signature of parent .....

Signature of pupil (if able to consent) .....

Date .....

**In order to meet the health care needs of my child, I understand that the above information will be shared with school staff on a ‘need to know’ basis.**

Date received by the school .....

Signature of head teacher .....

Action to be taken by the school

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**Part 4: school agreement form**

Date: .....

Dear Parent

Thank you for completing Form M1. I can confirm that the school has agreed to administer medicine to your child. The details are given below. You are asked to check the following information and contact the school if any of the information shown is incorrect.

Name of child to be given medication:
Quantity and name of medicine to be administered:
Time medicine is to be administered:
Your child will be given/supervised whilst s/he takes their medication by <i>(name of staff member who has volunteered to administer the medication)</i>
The medication will be administered until (give end date of course or state until instructed by parent(s))

Signed .....

Date .....

(Head teacher or named member of staff)