

Grove Primary School

Request for School Staff to Administer Medication

The Data Protection Act (2018) and the Education (School Records) Regulations (1989) protect this strictly confidential information, stored on the school's student records database.

Our Pupil Privacy Notice and Parents/Carers Privacy Notice record how we use personal information and what we do with it. Such Privacy Notices can be found on the school and the Active Learning Trust's website. Hard copies are also held by the school office.

Signing this form authorises Grove Primary school staff to administer medication as specified below:

Pupils name:		Pupils class:								
Condition/Illness:										
Prescribed Medication:										
Medicine: Dosage:			To be ta	ken at:						
_	To be taken at:									
<u>Fablet:</u> Dosage:										
Dosage: To be taken at:										
Number or tablets brought into school:										
Date:										
No of										
Tablets							ı			
<u>Cream:</u> To be applied by the Pupil Yes/No When to apply:										
Inhaler: (Record of use to be kept in the Asthma log in the pupils class)										
Type/colour: Number of puffs:										
			F	requency:						
Signed by: Date:										
Relationship 1	to pupil:									



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Time and Date	Administered by	Witnessed by	Number of tablets left	Text sent to parent (if needed) *

^{*} Only for non-regular medication, ie Pain relief or where parent states as and when.