

## Appendix 1

### **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 medication 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: Lenzie Meadow Primary 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:

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? Yes/No

**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:

**Staff Indemnity**

**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.**

**Parental Responsibility:**

- a My son/daughter will carry the medicine(s) for all times. for taking as required/specified\*
- b I accept responsibility for delivering the medicine 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 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 school: