

SESSION 2022-2023: LAIRDSLAND PRIMARY SCHOOL

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.

Part 1: Pupil's details

Pupil's Name _____

Address _____

School Lairdland Primary, 70 Donaldson St, Kirkintilloch

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) _____

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) _____

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:

- I accept responsibility for delivering the medicine(s) personally to you and to replace them when necessary*
- I accept responsibility for advising you immediately of any change of treatment prescribed by any doctor of hospital
- I understand the terms of the staff indemnity
- I understand that:
 - a) medication will not be disposed of by school staff
 - b) I am responsible for the disposal of date expired medicines
 - c) I must collect medicines from school at the end of each term

Signature of Parent/Guardian _____

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.