

**CRAIGDHU 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. Wherever possible, pupils are encouraged to administer their own medication under staff supervision.

**Part 1. Pupil's details**

Pupil's Name	
Address	
Class	

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

Medical Condition/ Illness		
Name/type of medication (As described on container)		
Date medication Dispensed		for how long is your child to take this medication?
Full Direction for Use		
Dosage & method		
Timing		
Special precautions		
Side effects (if any)		

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

Contact Details

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Name of emergency  
Contact person

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Relationship to  
pupil

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Address (*if different  
From that given in  
Part 1 above.*)

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Emergency contact  
Telephone number

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**Staff indemnity**

East Dunbartonshire Council indemnifies and hold harmless all staff at the school from and against all actions, const, charges, losses, damages and expenses which they, or any of them, shall or many 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) I accept responsibility for delivering the medicine(s) personally to you and to replace them when necessary,
- b) I accept responsibility for advising you immediately of any change of treatment prescribed by a doctor or hospital.
- c) I understand the terms of the staff indemnity
- d) 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:

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Signature of pupil (if able to consent):

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**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 school:

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Signature of Head Teacher

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