

**REQUEST FOR ESTABLISHMENT TO ADMINISTER MEDICATION**

**MED1**

The Establishment will not give your child medicine unless you have completed and signed this form and the Head of Establishment has agreed that his/her staff can administer the medication.

**1. DETAILS OF CHILD/YOUNG PERSON**

Child's name: ..... Date of birth: .....

Address: .....  
.....  
.....

School: ..... Class:.....

Tel. No: Home ..... Emergency  
.....

**2. DETAILS OF MEDICATION**

Condition or illness .....

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

Has your child already been given this medication at home Yes/No

Were there any adverse reactions/side effects Yes/No If Yes, please give details

.....

**When was your child last given this medication Date \_\_\_\_\_ Time \_\_\_\_\_**

Prescribed by: please ✓

GP Name .....

Address .....

Hospital Name .....

Address.....

Other Name .....

Address .....

For how long will your child take this medication? .....

Full directions for use: .....

Dosage and method? .....

Times at which medicine(s) should be given: .....

Special precautions: .....

Procedures to be taken in an emergency: (e.g. asthma – maximum number of doses to be administered for treatment of acute wheezing?)

.....  
.....  
.....

**3. STAFF INDEMNITY**

**“Midlothian Council hereby indemnifies all authorised staff at the Establishment from and against claims for alleged negligent actions, costs, charges, losses, damages and expenses which they or any of them shall or may incur or sustain by reason of any alleged negligent act or omission by them in the administration of the medication to the Child, provided always that the alleged negligent act or omission was done in the course of their employment.”**

**4. PARENTAL RESPONSIBILITY**

- (i) I understand that I must deliver the medicine(s) personally to you and to replace them wherever necessary and accept that this is a service which the Establishment is not obliged to undertake.
- (ii) I accept responsibility for advising you immediately of any changes of treatment prescribed by any doctor or hospital.
- (iii) I understand the terms of the Staff Indemnity.

Signature of parent/carer: ..... Date .....

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Date received by Establishment .....

Head of Establishment’s Signature .....

ACTION TAKEN
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