

**Rhyl High School**

**Authorisation for school to administer covert medication**

**Please take this form to your GP to complete and return to school**

**Appendix 2 must also be completed and attached to this form**

Full Name	Address
Date of Birth	

Medication (as labelled on container)	
This medication is necessary to treat:	
Method(s) of administration tried in the past	
These methods were rejected because	
Covert method of administration to be used:	
I have assessed the young person and confirm he/she lacks the capacity to consent and continues to need the above treatment. I have undertaken a best interest analysis and confirm it is in the best interest of the child to have medication administered in the method described above.	
GP / Doctor Name	Surgery stamp
Signed	
Date	

Signed parent/carer		Date	
Signed headteacher/delegated person		Date	

This arrangement will continue until either the end of the course of medication or until instructed by parents/carers. A separate form must be completed for each medication.