

Request for School to Administer Medication

The school will not give your child medicine unless you complete and sign this form, and the Headteacher has agreed that school staff can administer the medication.

DETAILS OF PUPIL

Surname

Forename(s)

Address M / F

..... Date of Birth

..... Class/Form

Condition or Illness:

MEDICATION

Name/Type of Medication (as described on container)

For how long will you child take this medication

Date Dispensed:

Full Directions for Use:

Dosage and method

Timing

Special Precautions

Side Effects

Self Administration

Procedures to take in an Emergency

CONTACT DETAILS

Name Daytime Telephone No

Relationship to Pupil

Address

I understand that I must deliver the medicine personally to the nominated staff member and accept that this is a service which the school is not obliged to undertake

Date Signature

Relationship to Pupil