

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: Gender:

..... Date of Birth:

..... Year Group:

Condition or Illness:

MEDICATION

Name/Type of Medication (as described on container):

For how long will your child take this medication:

Date Dispensed:

Full Directions for Use:

Dosage and method:

Timing: Self-administration: Yes No

Special Precautions:

Side Effects:

Procedures to take in an Emergency:

CONTACT DETAILS

Name: Telephone No:

Relationship to Pupil:

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

Signature: Date: