

SIR ROBERT GEFFERY'S SCHOOL



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.

Child's Name:

Year Group:

Condition or illness:

MEDICATION

Name / type of medication:
(as described on container)

Dates medication to be given: Date Dispensed:

Full Directions for Use:

Dosage and method: Timing:

Self-administration: ☐ Yes ☐ No Special Precautions:

Side Effects: Procedures to take in an Emergency:

If you require the office to contact you by telephone before administering the above-named medication, please contact the office by email – admin@sir-robert-gefferys.cornwall.sch.uk.

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.

I will collect the medication container when it's empty or no longer needed in school.

Signature: Date: