



**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 the container) \_\_\_\_\_

For how long will your 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 (agreed member of staff) and accept that this is a service which the school is not obliged to undertake.

Date: \_\_\_\_\_ Signature(s): \_\_\_\_\_

Relationship to pupil: \_\_\_\_\_