

**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 : \_\_\_\_\_ D.O.B: \_\_\_\_\_

Class: \_\_\_\_\_

Forename: \_\_\_\_\_ Male/Female: \_\_\_\_\_

Address: \_\_\_\_\_

Condition of illness: \_\_\_\_\_

**MEDICATION**

Name/Type of Medication (as described on the container) \_\_\_\_\_

How long will your child take this medication: \_\_\_\_\_

Date dispensed: \_\_\_\_\_

Full direction for use:

Dosage and method: \_\_\_\_\_ Timing: \_\_\_\_\_

Special Precautions: \_\_\_\_\_

Side Effects: \_\_\_\_\_ Self Administration: \_\_\_\_\_

Procedure to take in an Emergency: \_\_\_\_\_

**CONTACT DETAILS:**

Name: \_\_\_\_\_

Relationship to Pupil: \_\_\_\_\_

Address: \_\_\_\_\_

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

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Relationship to Pupil: \_\_\_\_\_