

# REQUEST FOR SCHOOL TO ADMINISTER MEDICATION

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

The school will not give your medicine unless you complete and sign this form, and the Head Teacher has agreed that the School Staff can administer the medication.

**Details of Pupil:**

Child's full name:		
Address:		
M/F	Date of birth:	Class:
Condition of 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:
Special precautions:	Possible side effects:
Self Administration:	
Procedures to take in an emergency:	

**Contact Details**

Name:	Daytime phone no:
Relationship to pupil:	Mobile phone no:

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

Signed \_\_\_\_\_ Relationship to pupil \_\_\_\_\_