



**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. Your child is responsible for coming up to the office to request that we administer the medicine- we cannot be responsible for reminding them.

**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: .....

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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): .....

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Relationship to pupil: .....