

REQUEST FOR SCHOOL TO ADMINISTER MEDICATION

*Form to be completed by parents if they wish the school to administer medication.
The school will not give your child medicine unless you complete and sign this form and the Head teacher has agreed that school staff can administer the medication.*



PUPIL DETAILS

Surname: Male / Female
(Delete as appropriate)

Forename(s):

Address: Date of Birth:

Class / Form:

Condition / illness:

MEDICATION - All medication must be sent in to school in its original packaging, stating the Childs name, and dosage.

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

For how long will your child take this Medication?

Should this medication be sent home daily, at the end of the course (please specify the date of this) or at the end of the next even numbered term?

Full directions for use

Dosage and method:

Timing:

Special precautions:

Side effects:

Self administration:

Procedures to take in an emergency:

CONTACT DETAILS & DECLARATION

Name: Daytime telephone no:

Relationship to pupil:

Address:

I understand that I must deliver the medicine personally to the agreed member of staff and I accept that this is a service the school is not obliged to undertake. Medication will be stored in school and returned at the end of Terms 2, 4 and 6 unless otherwise specified

Signature:

Date: