



REQUEST FOR 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.

DETAILS OF CHILD

Surname:

Forename(s):

Address:

Male Female

Date of Birth:

Class:

Condition/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:

Side effects:

Self administration:

Procedures to take in an emergency:

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

Signature:

Date: