

## 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: \_\_\_\_\_

Forename: \_\_\_\_\_

Class: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

\_\_\_\_\_

### CONTACT DETAILS

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

Relationship to child: \_\_\_\_\_

Contact Telephone Number: \_\_\_\_\_

### MEDICATION

Name of medication		
Dates to be taken	From:	To:
Times to be taken		
Dosage and method		
Special Precautions		
Side Effects		
Self Administration?		
Procedures to be taken in an emergency		

Medicines should be collected by an adult from the School Office at the end of each day or once they no longer need to take the medication unless you specify collection instructions:

\_\_\_\_\_

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.

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