



## 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 STUDENT:

Surname:		Forename:
Address:		
M/F:	D.O.B:	Reg Group:

### MEDICATION:

Name/Type of Medication: <i>[as described on the container]</i>
For how long will your child take this medication:
Date dispensed:
Condition or Illness:

### 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 student:
Address:

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

Signed: \_\_\_\_\_ (Parent/Carer)      Date: \_\_\_\_\_