



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.

A newly completed form should be submitted every time the dosage or timings of medication are changed.

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:

I understand that I must deliver the medicine personally to the School Secretary.

Date: Signature: _____

Relationship to pupil: _____

Emergency Contact number: _____