



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 medication.

Name of Child:

Class:

Condition or illness:

Name/Type of Medication:

Dosage and Method:

Time to be taken:

Please state below any possible side effects we need to be aware of:

Signature: Date:

Please note that this is a service which the school is not obliged to undertake and relies on the good will of the staff.

