



REQUEST FOR SCHOOL TO ADMINISTER MEDICATION

The school cannot give your child medicine unless you complete and sign this form and the Head Teacher has agreed that School Staff can administer the medication.

All medications must be provided in original containers and a measuring spoon or syringe should be supplied.

DETAILS OF PUPIL

SURNAME:

FORENAME:

CLASS:

CONDITION OR ILLNESS

MEDICATION

Name/type of medication (as described on the container):

For how long will your child take this medication?

FULL DIRECTIONS FOR USE

Dosage & method:

Time medicine to be administered:

Special precautions:

Side effects:

Self administration: **YES/NO**

Procedures to take in an emergency:

CONTACT DETAILS

Name:

Day time telephone no:

Relationship to pupil:

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

Date:

Signature:

Office use only

Date Medication Completed (If applicable):

Signed: