

METHLEY PRIMARY SCHOOL
Request for school to administer medication

The school will not give your child medicine unless you complete and sign this form and that the headteacher has agreed that staff can administer the medication.

Details of Pupil : Male/Female DOB : CLASS :

Surname :

Forename(s) :

Address :

Medication :

Name/Type of medication (as described on the label) :

Condition of illness :

How long will your child take this medication for :

Date dispensed :

Full Directions for use :

Dosage and method : Timing :

Special Precautions :

Side Effects :

Procedures to be taken in an emergency :

Self Administration : YES/NO OR BY STAFF

Contact Details :

Name : Daytime telephone No :

Relationship to Pupil :

Address :

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

Signature :Parent/Guardian Date :

Administered : (to be completed by staff)

Date :	TIME :	Signed :
Date :	TIME :	Signed :
Date :	TIME :	Signed :
Date :	TIME :	Signed :
Date :	TIME :	Signed :
Date :	TIME :	Signed :