

Parent/Guardian request for the school to administer medication

The school will not give your child medicine unless this form has been completed and the Headteacher has agreed that staff can administer the medication

Details of pupil

Surname _____

Forename(s) _____

Address _____

Date of birth _____

Class _____

Medication	
Name/Type of Medication	
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	
Emergency procedures	

Contact details	
Name	Relationship to pupil
Daytime telephone number	
Address	
I understand that I must deliver the medicine personally to _____	
and that the school is not obliged to undertake this service	
Signed	Date

