

**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 staff can administer the medication.

**DETAILS OF PUPILS**

**Surname:** \_\_\_\_\_

**Forename(s):** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Conditions of Illness:** \_\_\_\_\_

**Male/Female:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Class/Form:** \_\_\_\_\_

**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:** \_\_\_\_\_

**CONTACT DETAILS**

**Name:** \_\_\_\_\_

**Phone No:** (Work) \_\_\_\_\_

(Home) \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Address:** \_\_\_\_\_

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

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Relationship to Pupil:** \_\_\_\_\_