



Request for School to Administer Medication Form



Details of Pupil

Surname: _____

Forename(s): _____

Address: _____

M/F _____ Date of Birth: _____

Year Group: _____

Conditions of Illness: _____

Medication

Name/Type of Medication (as described on the container) _____

For how long will your child be taking the medication? _____

Date dispensed: _____

Full Directions for Use of Medication

Dosage and Method: _____

Timing: _____

Special Precautions: _____

Side Effects: _____

Self Administration: _____

Procedures to take in an emergency: _____

Contact Details

Name: _____

Relationship to pupil: _____

Address: _____

Daytime Telephone Number: _____

I understand that I must deliver the medicines personally to the school office and accept that this is a service, which the school is not obliged to undertake. The school will not give your child medicines unless you complete and sign this form, and the Headteacher has agreed that school staff can administer the medication.

Date: _____ Signature: _____

Relationship to pupil: _____