

## 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 Pupil:

<b>Surname:</b>					
<b>Forenames:</b>					
<b>Address:</b>					
<b>Condition / Illness:</b>					
<b>M / F:</b>		<b>D of B:</b>		<b>Class:</b>	

### Medication:

<b>Name / Type of Medication:</b> (as described on the container)	
<b>Duration of Medication:</b>	
<b>Date Dispensed:</b>	

### Full Directions for Use:

<b>Dosage and Method:</b>	
<b>Timing:</b>	
<b>Special Precautions:</b>	
<b>Side Effects:</b>	
<b>Procedures to Take in an Emergency:</b>	

Date	Time	Medication Administered	Initials

I understand that I, or another adult nominated by me, must deliver the medicine personally to the agreed member of staff and I accept that this is a service which the school is not obliged to undertake.

**Signature(s):** ..... **Date:** .....

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**Relationship to Pupil:** .....