

Form 1 : REQUEST FOR SCHOOL TO ADMINISTER MEDICATION

This form is for parents to complete if they wish the school to administer medication. The school will not give your child medicine unless you complete and sign this form, and the Head Teacher has agreed that school staff can administer the medication.

DETAILS OF PUPIL

Surname:

Forename(s):

Address:

.....

.....

..... Post Code:

Male/Female: Date of Birth: Class

Condition or Illness :

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: YES / NO

Procedures to take in an Emergency:

CONTACT DETAILS

Name: Daytime Telephone No:

Relationship to Pupil:

Address:

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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(s):

Relationship to pupil: