



### 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. |                      |
| <b>Child Details</b>  |                      |
| Surname   | Male/Female          |
| Forename (s)  | Date of Birth        |
| Address   | Class/Form/Group     |
|   | Condition of 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   |                      |
| Procedures to take in a Emergency   |                      |
|   |                      |
| <b>Contact Details</b>  |                      |
| Name  | Address              |
| Daytime telephone number  |                      |
|   |                      |
| Relationship to child   |                      |
|   |                      |
| <b>I understand that I must deliver the medicine personally to _____</b>  |                      |
| Date  | Signature(s)         |
| Relationship to child   |                      |