



## 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 or Illness
<b>Medication</b>	
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	
<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	