



## Parental request for Chew Stoke Church School to administer medication

The school will not give your child medicine unless this form has been completed and the Headteacher has agreed that staff can administer the medication

### Details of pupil

Surname \_\_\_\_\_

Forename(s) \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of birth \_\_\_\_\_

Class \_\_\_\_\_

### Medication

Name/Type of Medication \_\_\_\_\_

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 \_\_\_\_\_

Emergency procedures \_\_\_\_\_

### Contact details

Name \_\_\_\_\_

Relationship to pupil \_\_\_\_\_

Daytime telephone number \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

I understand that I must deliver the medicine personally to \_\_\_\_\_

and that the school is not obliged to undertake this service

Signed \_\_\_\_\_

Date \_\_\_\_\_