

EASTRY CHURCH OF ENGLAND PRIMARY SCHOOL

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 school staff can administer the medication.

DETAILS OF PUPIL

Surname: _____ Forename: _____

Date of Birth: _____ Male/Female: _____ Year: _____

MEDICATION

Name/Type of Medication: _____
(as described on the container)

Full Directions for use:

Dosage and method: _____

Timing: _____

Procedures to take in an emergency: _____

CONTACT DETAILS: Please supply on an extra sheet, if different from school records.

I understand that I must deliver the medicine personally to the school office fully labelled and accept that this is a service which the school is not obliged to undertake. Prescription medicines should only be taken during the school day when essential. Written permission to administer medication must be received before the school can do so and the medication must be in the original container, with prescriber's instructions.

Medication to be taken for a short period of time ie. antibiotics and not held in school permanently, will be destroyed if not collected within a week of the last dose.

Signature: _____ Date: _____

Relationship to pupil: _____