

KIRKHAM GRAMMAR SCHOOL

REQUEST TO ADMINISTER MEDICATION

Medicine must be presented in its original 'container' and must be clearly labelled.

Child's Name:	Date of Birth:	Form / Class
Name of Parent/Carer:	Emergency Contact Number:	
Name of medication:	Reason for taking:	
Is this a prescription medicine?		
Yes (please continue with this section) No (please complete the section below)		
Prescription medication	How long does the course last?	Has the prescribed medication previously been administered to the child? YES <input type="checkbox"/> NO <input type="checkbox"/>
For all medication	Method medication given:	Time(s) to be given:
	Dosage:	Further information (eg prior to food):
	When was the last dose given?	Other medication your child is taking:
	Date that medication expires:	Quantity given to school:
	Medication received by:	Date / Time:
Medication returned by / to who:	Date / Time:	
The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering the medication in accordance with the school policy. I will inform the Medical Centre / School Office (KGJS) immediately, in writing, if there is any change in dosage timing or if the medication is stopped.		
Parent Signature:	Date:	