



KIRKHAM & WESHAM PRIMARY SCHOOL

Please complete page 1 of this form and email to

bursar@kirkhamwesham.lancs.sch.uk

Request for School to Administer Medication

The school will not give your child medication unless you complete and sign this form.

Name..... Class.....

Condition / Illness.....

Medication name / type of medication (as described on the container)

.....

How long will your child take this medication for.....

Full directions for use dosage and method.....

.....

.....

Time/s to be administered.....

Can your child self-administer YES / NO

I understand I must deliver and collect the medicine personally to a member of staff. This arrangement is made on the understanding that no member of staff can be held responsible should a dose be missed or the incorrect amount is given.

Signed..... Relationship to child.....

Name in block capitals..... Date.....



