

**Parent/Guardian request for the 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 \_\_\_\_\_

