

Parent/Guardian request for the school to administer medication

Please fill in this editable form and email to enquiries@newbridge.bathnes.sch.uk

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 _____

