



**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(s):**.....  
**Address:**.....**M/F:**.....  
**Date of Birth:**.....**Class/Form:**.....  
**Condition or illness:**.....

**MEDICATION**

**Name/Type of Medication (as described on the container):**.....  
**For how long will you child take this medication:**.....  
**Date dispensed:**..... **Expiry date:**.....  
**Full directions for use:**  
**Dosage and method:**.....  
**Timing:**.....  
**Special Precautions:**.....  
**Side Effect:**.....  
**Self Administration:**.....  
**Procedures to take in an Emergency:**.....

**CONTACT DETAILS**

**Name:**.....**Daytime Telephone No.**.....  
**Relationship to Pupil:**.....  
**Address:**.....  
.....

*I understand that I must deliver the medicine personally to (agreed member of staff) and accept that this is a service which the school is not obliged to undertake*

**Date:**.....**Signature(s):**.....  
.....  
**Relationship to pupil:**.....