

Tor View School
Request for school to administer medication

The school will not give your child medication unless you complete and sign this form, and the Principal or Head Teacher has agreed that school staff can administer the medication.

DETAILS OF PUPIL:

Surname:	Forename(s):	
Address:		
D.O.B	M/F	Class/Form:
Condition or 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 amount:	
Method:	Timing:
Special Precautions:	
Side effects:	
Self Administration: N/A	
Procedure to take in an emergency:	

NAME/TYPE OF MEDICATION: (as described on the container):	
How long will your child take this medication for:	
FULL DIRECTIONS FOR USE:	
Dosage and amount:	
Method:	Timing:
Special Precautions:	
Side effects:	
Self Administration:	
Procedure to take in an emergency:	

NAME/TYPE OF MEDICATION: (as described on the container):	
How long will your child take this medication for:	
FULL DIRECTIONS FOR USE:	
Dosage and amount:	
Method:	Timing:
Special Precautions:	
Side effects:	
Self Administration:	
Procedure to take in an emergency:	

PARENT/CARER CONTACT DETAILS:

Name:	Daytime Telephone No.	
I understand that I must deliver the medicine to the relevant teachers, via the transport escort and accept that this is a service which the school is not obliged to undertake.		
Date:	Signature:	Relationship to pupil: