



REQUEST FOR MEDICATION ADMINISTRATION IN SCHOOL

Please Note: As a general rule, only medicines that are prescribed by a Doctor can be given during school time and antibiotic medicine will only be given if it needs to be administered four times a day.

The school will not give your child any medication (prescribed or self-prescribed) unless you complete and sign this form and the Headteacher has confirmed that school staff have agreed to administer the medication (if applicable).

DETAILS OF PUPIL

Name:

Address:

M/F: D.O.B. Year:

Condition or illness:

MEDICATION

Name/Type of Medication (as described on the container)
.....

For how long will your child take this medication

Date dispensed

FULL DIRECTIONS FOR USE:

Dosage and amount (as per instructions on container)

Method:

Timing:

Special Precautions:Side Effects:

Self Administration:

Procedures to take in an Emergency:

I understand that I must deliver the medication personally to the school office or Mrs Stinchon and accept that this is a service which the school is not obliged to undertake.

Date Signature(parent/carer)