

Request for school to administer **prescribed** 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.

Please note that the school can only administer prescribed medicines in accordance with the instructions on the medicine.

Where 1 or 2 doses a day are prescribed these should be administered at home. Where 3 doses are prescribed we will administer 1 dose at an agreed time.

Child's Surname: _____ Forename(s): _____

Class: _____

Address: _____

Male/Female _____ Date of Birth: _____

Condition or illness _____

Medication

Name/type of Medication: _____

How long will you child take this medication: _____

Date dispensed: _____

Full Directions for use:

Dosage and method _____

Timing: _____

Special Precautions: _____

Side Effects: _____

Self-Administration: _____

Emergency Contact Details

Name: _____ Daytime Tel. No. _____

Relationship to Pupil _____

Address _____

I understand that I must deliver and collect the medicine each day and I accept that this is a service which the school is not obliged to undertake.

Signature: _____ date: _____