**Request for School to Administer Medication**

The school will not give your child medicine unless you complete this form, and the

Headteacher has agreed that the school staff can administer the medication

DETAILS OF PUPIL

Surname …………………………………………………………………………………..…………

Forname(s) ………………………………………………………………………………………..…..

Address ……………………………………… M/F:

 ………………………………………. Date of Birth: ……

 ………………………………………. 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 method: ...…………………………………………………………………...……………

Timing: …………………………………………………………………………………………..………

Special Precautions: …………………………………………………………………………..………

Side Effects: …………………………………………………………………..………………………..

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 agreed medication 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: ………………………………………………………………………..………….