

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**

Name:.....

Date of Birth:..... Class:.....

Condition or illness:.....

**MEDICATION:**

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

**Note: Medicines must be in the original container/pack.**

For how long will your child take this medicine?.....

**Full directions for use:**

Dosage and method:.....

Timing:.....

Any other instructions:.....

Self Administration: Yes/No (Delete as necessary)

Procedures to take in an emergency:.....

**CONTACT DETAILS**

Name: ..... Relationship to pupil:.....

Daytime Telephone No:.....

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

Signature(s):..... Date:.....

Approved by Headteacher/Deputy Headteacher

Signed:..... Date:.....