# 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 on the understanding that, whilst we will endeavour to do our very best to administer the medication, we (corporately or individually) must be indemnified from any responsibility.

## Details of Pupil

Surname: ………………………………………………………………………………………
Forename: ………………………………………………Class: …………………………
Address: ………………………………………………………………………………………
……………………………………………………………………………………………..
Condition or illness: ………………………………………………………………………..

## Medication

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

For how long will your child take this medication: ………………………………………
Date dispensed: ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, Expiry date: ………………………..

## Full directions for use

Dosage and method: ………………………………………………………………………
Timing: ………………………………………………………………………………………
Special Precautions: ………………………………………………………………………
Side effects: ………………………………………………………………………………..
Self Administration: Yes/No
Procedures to take in an Emergency: …………………………………………………..

## Contact Details

Name: …………………………………… Daytime Tel. No.: ……………………………
Relationship to pupil: ………………………………………………………………………
Address: ………………………………………………………………………………………
……………………………………………………………………………………………..

I understand that I must deliver the medicine personally to my child's teacher and accept that this is a service which the school is not obliged to undertake. I understand that I must notify the school of any changes in writing.

**Date:** ………………………………… **Signature:** ………………………………………