**REQUEST FOR SCHOOL TO ADMINISTER MEDICATION**

The school is not able to give your child medicine unless you complete and sign this form, and the Headteacher has agreed that school staff can administer the medication.

**Pupil details**

Surname: ………………………………………………. Forename: ………………………………………………..

Address: ………………………………………………………………………... M/F: ………………………………..

……………………………………………………………………………………. DOB: ……………………………….

……………………………………………………………………………………. Class: ……………………………...

Condition or illness: ……………………………………………………………………………………………………

**Medication**Name/Type of medication: …………………………………………………………………………………………

Storage: …………………………………………………………………………………………………………………

Date dispensed: ……………………………………………………………………………………………………….

How long will your child take this medication for? ……………………………………………………………..

**Full directions for use**

Dosage and method: ………………………………………………………………………………………………..

Timing(s): ………………………………………………………………………………………………………………..

Special precautions: ………………………………………………………………………………………………….

Side effects: …………………………………………………………………………………………………………….

Self-administration? …………………………………………………………………………………………………...

Procedures to take in an emergency: ……………………………………………………………………………

**Contact details**

Name: ………………………………………… Daytime telephone number: …………………………………..

Relationship to pupil: …………………………………………………………………………………………………

Address: …………………………………………………………………………………………………………………

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

Date: ………………………………………………….. Signature: …………………………………………………..

Relationship to pupil: …………………………………………………………………………………………………