**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: …………………………………………………………………………………………………