**REQUEST FOR SCHOOL TO ADMINISTER MEDICATION**

*The school is unable to give your child medicine unless you complete and sign this form, and the Headteacher has agreed that school staff can administer the medication.*

**Section 1: Pupil details**

|  |  |  |  |
| --- | --- | --- | --- |
| Forename |  | Surname  |  |
| Date of Birth |  |
| Address |  |

**CONDITION/ILLNESS**

|  |
| --- |
|  |

**MEDICATION**

|  |  |
| --- | --- |
| Name/Type of medication (as described on the container) |  |
| For how long will your child take this medicine? |  |
| Date dispensed |  |
| **Full directions for use:** |  |
| Dosage and method |  |
| Timing |  |
| Storage (e.g. in the fridge) |  |
| Special precautions |  |
| Side effects |  |
| Self-administration (can the child take it themselves under supervision?) |  |
| Procedures to be taken in an emergency |  |

**CONTACT DETAILS**

|  |  |
| --- | --- |
| Name |  |
| Daytime telephone number |  |

I understand that I must deliver the medicine personally to my child’s teacher/admin team and accept that this is a service that the school is not obliged to undertake.

|  |  |
| --- | --- |
| Signature: | Date: |