

**Request for school to Administer Medication**

*Form for parents to complete if they wish the school to administer medication this does not include* ***ANTIBIOTICS*** *or* ***PARCETEMOL***

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 medication.

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| **DETAILS OF PUPIL** |
| Surname: |  |
| Forename(s): |  |
| DOB: |  | M/F | Class: |  |
| Address: |  |
| Postcode: |  |
| Condition of illness: |  |

**MEDICATION**

|  |  |
| --- | --- |
| Name/Type of Medication (as described on the container) |  |
| For how long will your child take this medication: |  |
| Date Dispensed: |  |

**FULL DIRECTIONS FOR USE OF MEDICATION:**

|  |  |
| --- | --- |
| Dosage and method: |  |
| Timing: |  |
| Special Precautions: |  |
| Side Effects: |  |
| Self Administration: |  |
| Procedures to take in an Emergency: |  |

**CONTACT DETAILS**

|  |  |
| --- | --- |
| Name:  | Day Telephone: |
| Relationship to pupil:  |
| Address: |

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

|  |  |  |
| --- | --- | --- |
| Date:  | Signature(s): |  |
| Relationship to pupil:  |