



Netherton Infant & Nursery School

Request for Administration of Medication

The school is unable to give your child any medication until this form has been completed and signed. Please discuss your requirements with a member of staff. All medicines **MUST** be handed to a member of staff in the **measured dose**.

Pupil Details

Full Name: **Class:**

Date of Birth:

Address:
.....

Details of illness or condition:

.....
.....

Medication

Name/Type of medication (as described on container):

Date Dispensed:

To be administered date from: **date to:**

Dosage: **Time to be administered:**

Details of any special precautions or side effects:

.....
.....

EMERGENCY

Procedure to take in the event of an emergency:

.....
.....

Emergency contact

Name: **Relationship to child:**

Contact No:

Disclaimer

I confirm that I am the legal parent/guardian of the above named child and I give my consent for a first aider at Netherton Infant and Nursery School to administer medication to my child, in accordance with the details above. I understand that if any of the above details are found to be incorrect, the school have the right to refuse to administer medications to the child and seek further guidance.

Signed: **Relationship to child:**.....

Date:.....