



# Holme on Spalding Moor Primary School

Headteacher: Mr Steve Woodhouse

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## REQUEST FOR SCHOOL TO ADMINISTER PRESCRIBED MEDICINE

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 the medication.

### DETAILS OF PUPIL

Surname: \_\_\_\_\_ Forename: \_\_\_\_\_ Class: \_\_\_\_\_ DOB: \_\_\_\_\_

Condition or 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:

Dosage and method: \_\_\_\_\_ Timing: \_\_\_\_\_

Special Precautions/Side Effects: \_\_\_\_\_

Procedures to take in an Emergency: \_\_\_\_\_

### CONTACT DETAILS

Name: \_\_\_\_\_ Daytime Telephone No: \_\_\_\_\_

Address: \_\_\_\_\_

I understand that I must deliver the medicine personally to the school office and accept that this is a service which the school is not obliged to undertake. I will ensure all medicine is collected at the end of the school day.

Date: \_\_\_\_\_ Signature(s): \_\_\_\_\_

Relationship to pupil: \_\_\_\_\_

