



**REQUEST FOR SCHOOL TO ADMINISTER MEDICATION**

The school will not give your child medicine unless you complete and sign this form, and the Head Teacher has agreed that school staff can administer the medicine.

**Details of Pupil**

Surname \_\_\_\_\_ Forename \_\_\_\_\_

Class \_\_\_\_\_

Condition or illness \_\_\_\_\_

**Medication**

**Parents must ensure that in date properly labelled medication prescribed by a doctor is supplied.**

Name/Type of Medication (as described on the container)

\_\_\_\_\_

Date dispensed \_\_\_\_\_ Expiry Date \_\_\_\_\_

Hospital letter attached Yes/No (delete as appropriate)

**Full Directions for use:**

Dosage and method

\_\_\_\_\_  
\_\_\_\_\_

Timing \_\_\_\_\_

I understand that I must deliver the medicine personally to the school office and collect at the end of the school day.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Relationship to the child** \_\_\_\_\_