



PARENTAL REQUEST FOR SCHOOL TO ADMINISTER PRESCRIBED MEDICATION

The school cannot give your child medicine unless you complete and sign this form, and the Headteacher has agreed that school staff can administer the medication.

Please note that only medication prescribed by a doctor, with the child's name on the label may be administered by the school.

DETAILS OF PUPIL

Name:Class:

Condition of illness:.....

MEDICATION

Type of medication (as described on container):

For how long will you child take this medication:

Date dispensed:

DIRECTIONS:

Dosage and method:Timing:

Any special precautions or side effects:

CONTACT DETAILS

Name: Tel no:.....

Relationship to pupil:

I understand that I must deliver the medicine personally to the School Office and that it must be collected by an adult from the School Office.

I accept that this is a service that the school is not obliged to undertake.

Signed: Date:

HEADTEACHER'S CONSENT

Signed: Date: