

REQUEST FOR SCHOOL TO ADMINISTER MEDICATION



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.

Student Details	
Surname	Gender
Forename(s)	Form
	Date of Birth
Condition / illness	
Medication	
Name / type of medication (as described on container)	
How long is student to take medication?	
Full directions for use	
Timing	
Special precautions	
Side effects	
Self administration?	YES / NO
Procedure to take in case of emergency	
Contact Details	
Name	Contact number
Relationship to student	
I understand that I must deliver the medicine personally to The First Aid Officer and accept that this is a service which the school is not obliged to undertake.	
Signature	Date