

Request for School to Administer 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 medicine.

Part One

To be completed by the pupil's parent/guardian

Details of Pupil

Surname
First name(s)
Address
.....
Date of Birth
Form
Medical Condition
.....

Medication

Name of medication
As described on the container
Type of medication
Tablet/liquid/inhaler etc.
Date prescribed

Full directions for use:

Dosage
Method
Timing
Special precautions
Possible side effects
Procedure to take in an
emergency
.....

Contact Details

Name
Relationship to pupil
Daytime phone
number
Address
.....
.....

I understand that I must deliver the medicine, correctly labelled and stored, personally to the Headteacher and accept that this is a service which the School is not obliged to undertake and which may be withdrawn at any time.

Signature.....

Date

Relationship to pupil

Part Two

To be completed by the Headteacher

Confirmation of the Headteacher’s agreement to administer medicine

I agree that.....will receive

..... as required.

.....will be supervised whilst he/she takes their medication by a member of staff.

Signature.....

Date

One copy of this form should be retained by the pupil parent/guardian and one by the School.