# Request for School to administer medication

The school will not give your child any medication unless you complete and sign this form and the Headteacher has confirmed that school staff have agreed to administer the medication.

## Details of pupil

| | |
|---|---|
| Surname | |
| Forename | |
| Address | |
| Date of birth | |
| 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 amount (as per instructions on container) | |
| Method | |
| Timing | |
| Special Precautions | |
| Side Effects | |
| Self Administration | |
| Procedures to take in an Emergency | |

I understand that I must deliver the medication personally to the class teacher or school office and accept that this is a service which the school is not obliged to undertake.

Date _____ Signature _____ Relationship to pupil _____

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**To be completed by member of staff administering medication**

| Date | Time | Dosage | Adminstered by |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

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Medication returned to parent _____ (Parent to sign)