



## 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 medicine.*

### Details of pupil

**SURNAME:**

**FORENAME(S):**

**FORM:**

**ADDRESS:**

**DATE OF BIRTH:**

**MALE OR FEMALE:**

**CONDITION OR ILLNESS:**

### Medication

*Parents must ensure that medication supplied is 'in date' and properly labelled*

**NAME/TYPE OF MEDICATION:**  
(as described on the container)

**DATE DISPENSED:**

**EXPIRY DATE:**

**FULL DIRECTIONS FOR USE,  
INCLUDING DOSAGE AND METHOD:**

*(N.B. Dosage can only be changed on a  
Doctor's instructions)*

**TIMING:**

**SPECIAL PRECAUTIONS:**

**ARE THERE ANY SIDE EFFECTS THAT  
THE SCHOOL NEEDS TO KNOW  
ABOUT?:**

**SELF ADMINISTRATION:**

**YES**

**NO**

**PROCEDURES TO TAKE IN AN  
EMERGENCY:**

<b>Contact Details</b>	
<b>NAME:</b>	
<b>PHONE NO:</b>	<b>Home:</b>
	<b>Mobile:</b>
	<b>Work:</b>
<b>RELATIONSHIP TO PUPIL:</b>	
<b>ADDRESS:</b>	
<b>ADDRESS:</b>	
<i>I understand that I must deliver the medicine personally to the Office Manager and accept that this is a service which the school is not obliged to undertake. I understand that I must notify the school of any changes in writing</i>	
<b>SIGNATURE:</b>	

<b>FOR OFFICE USE ONLY</b>	
<b>NAME OF PUPIL:</b>	
<b>QUANTITY AND NAME OF MEDICATION TO BE RECEIVED:</b>	
<b>TIME THE MEDICATION IS TO BE ADMINISTERED (e.g. break/lunchtime)</b>	
<b>CHILD WILL BE SUPERVISED BY:</b>	
<b>THIS ARRANGEMENT WILL CONTINUE UNTIL: (either end date of course of medicine or until instructed by parents)</b>	
<b>SIGNED (Office Manager):</b>	
<b>DATE:</b>	
<i>The original should be retained on the school file and a copy sent to the parent/carer to confirm the school's agreement to the named pupil carrying his/her own medication</i>	