

Parental Request for School Employees to Administer Medication

Parents/Carers MUST complete this form: please ensure that all medicine is in its original packaging.

School staff will not give your child medicine unless:

- you complete and sign this form and
- the Head Teacher has agreed that school staff can administer the medicine.

PUPIL DETAILS			
Surname:		Forename(s):	
Date of Birth:	DD MMM YYYY	Class:	
Condition or illness:			
Prefer not to say* <input type="checkbox"/> *If you prefer not to say, the Head Teacher must be made aware of the condition or illness			
MEDICATION			
Name/type of Medication: <i>(as described on the prescription label)</i>			
For how long will your child take this medication?			
Date dispensed: <i>(Parent must ensure that in date and properly labelled medication is supplied)</i>			
Full Directions for Use:			
Timing:			
Special Precautions:			
Possible Side Effects:			
Procedures to take in an Emergency			
CONTACT INFORMATION			
Name:		Daytime Telephone No.:	
Relationship to Pupil:		Address:	
I understand that I must: <ul style="list-style-type: none"> • deliver the medicine personally to (agreed member of staff) and accept that this is a service which school staff are not obliged to undertake. • ensure the medicine provided is in date. 			
Signature (s):			
Date:			
Relationship to Pupil:			