



**REQUEST FOR A SCHOOL TO ADMINISTER MEDICATION**

The school will not give your child medicine unless you complete and sign this form, and the Principal has agreed that school staff can administer the medicine

**Details of Pupil**

Surname \_\_\_\_\_ Forename(s) \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Date of Birth \_\_\_ / \_\_\_ / \_\_\_\_\_

M  F

Class \_\_\_\_\_

Condition or illness \_\_\_\_\_  
\_\_\_\_\_

**Medication**

**It is the parent's responsibility to ensure that all medication supplied to the school is, in date and has a pharmacy label, stating child's name, medication and dose to be administered.**

Name/Type of Medication (as described on the container)

\_\_\_\_\_

Date dispensed \_\_\_\_\_

Expiry Date \_\_\_\_\_

**Full Directions for use:**

Dosage and method

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NB 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 (delete as appropriate)

**Procedures to take in an Emergency**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Contact Details**

Name \_\_\_\_\_

Phone No: (home/mobile) \_\_\_\_\_  
(work) \_\_\_\_\_

Relationship to Pupil \_\_\_\_\_

Address \_\_\_\_\_

I understand that I must deliver the medicine personally to the **TEACHER**. I understand that I must notify the school of any changes in writing.

**Signature(s)** \_\_\_\_\_ **Date** \_\_\_\_\_

**Agreement of Principal**

I agree that \_\_\_\_\_ (name of child) will receive  
\_\_\_\_\_ (quantity and name of medicine) every day at  
\_\_\_\_\_ (time(s) medicine to be administered e.g. lunchtime or  
afternoon break).

This child will be given/supervised whilst he/she takes their medication by the School Nurse or Qualified First Aider.

This arrangement will continue until \_\_\_\_\_ (either end date of course of medicine or until instructed by parents)

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_  
**(Principal/School Nurse)**