

## Parental Request for School Staff 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:	Enter DD MMM YYYY	Class:	
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:			
Self-administration:		Yes <input type="checkbox"/>	No <input type="checkbox"/>
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"> <li>• deliver the medicine personally to (agreed member of staff) and accept that this is a service which school staff are not obliged to undertake.</li> <li>• ensure the medicine provided is in date.</li> </ul>			
Signature (s):			
Date:			
Relationship to Pupil:			