



Request for school to administer medication

The school will not give your child medicine unless you print out, complete and sign this form, to be returned to school and the Headteacher has agreed that school staff can administer the medication.

DETAILS OF PUPIL

Surname •	
Forename	
Address	Date of Birth <
	Class / Year

Condition or illness

Medication

Name / Type of medication

For how long will your child take this medication?

Date dispensed

Full directions for use:

CONTACT DETAILS

Name

Telephone No

Relationship to pupil

I understand that I must deliver the medicine personally to the school office and that this is a service, which the school is not obliged to undertake.

Signature..... Date.....