

*An Extended School*



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**Request for school to administer medication**

The school 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 medication.

**Details of Pupil**

Surname:

.....

Forename(s):

.....

Address:

.....

.....

M/F      Date of Birth:

Class/Form:.....

Condition or Illness:

.....

**Medication:**

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

For how long will your child take this medication:

.....

Date dispensed:

.....

Cont./



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**Full directions for use:**

Dosage and method:

.....

Timing:

.....

Special Precautions:

.....

Side Effects:

.....

Self Administration:

.....

Procedures to take in an Emergency:

.....

.....

**Contact Details:**

Name:

Daytime Tel No:

Relationship to Pupil:

Address:

I understand that I must deliver the medicine personally to (agreed member of staff and accept that this is a service which the school is not obliged to undertake.

Signed:

Dated:

Relationship to Pupil:

