



Believe and Achieve Together

## PARENT REQUEST FOR SCHOOL TO ADMINISTER PRESCRIBED MEDICATION

The school will not give your child medication unless you complete and sign this form, and the Head Teacher has agreed that staff can administer the medication.

Child's Surname	
Child's Forename	
Class	
D.O.B	
Condition or illness	
Name of medication as described on container	
Date dispensed	
Expiry date of medication	
<b>Full directions for use: -</b>	
Dosage and method	
Time to be given	
Side effects (if any)	
Storage	
Procedures to take in emergency	
<b>Contact details:-</b>	
Name	
Relationship to pupil	

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

Signature:

Date:

**Please note:** If your child is on a course of antibiotics where they are having medicine 4 times a day, school would only give **one** dose at the time stated. If they are in after school club you will need to contact the club to ensure they know your child has medication stored in school.