

# REQUEST FOR SCHOOL TO ADMINISTER MEDICATION

**PUPIL'S NAME** ..... Class.....

Address .....

Date of Birth .....

Condition / Illness .....

## MEDICATION

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

For how long will your child take this medication .....

**Full Directions for use** .....

Dosage and method.....

Timing .....

Special Precautions.....

Side Effects.....

Procedures to take in an Emergency.....

## CONTACT DETAILS

Parent / Guardian's Name  
.....

Daytime Tel. ....Mobile.....

Relationship to Pupil .....

I understand that I must deliver the medicine personally to Mrs Leslie (School Nurse) or the School Office, and accept that this is a service which the school is not obliged to undertake.

Signed..... Date.....