**REQUEST FOR SCHOOL TO ADMINISTER MEDICATION**

(Prescribed medicines only)

The school will not give your child medicine unless you complete and sign this form. *Non prescribed medicines cannot be administered by the school.*

**DETAILS OF PUPIL**

Surname ............................................................ Forename ..........................................................

Date of birth ........................................................... Class ..............................................................

Address ..........................................................................................................................................

Condition or illness: ..........................................................................................................................

.......................................................................................................................................................

MEDICATION

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

.......................................................................................................................................................

How long will your child take this medication: .................................................................................

Date Dispensed: ............................................................................................................................

**Full Directions for Use:**

Dosage and method: ......................................................................................................................

Timing: ...........................................................................................................................................

Special precautions: ........................................................................................................................

Side effects: ...................................................................................................................................

Self administration: ........................................................................................................................

Procedures to take in an emergency: .............................................................................................

Signature: ........................................................ Daytime telephone no: .......................................

Relationship to pupil: ......................................................................................................................

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| --- | --- | --- | --- |
| Date Administered | Time Administered | Administered by who | Signature |
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