



**REQUEST FOR SCHOOL TO ADMINISTER MEDICATION AND
ALSO SELF-ADMINISTRATION BY PUPIL**



Form for parents/carers to complete if they wish the school to administer medication or if they wish their child to administer his / her own medication.

The school will not give your child medicine unless you complete and sign this form, and the Headteacher has agreed that the school staff can administer the medication or supervise your child when he / she is taking medication.

Please note: we can only administer medication if prescribed by a doctor and 4 times a day.

DETAILS OF PUPIL

Name: _____ Class: _____

Condition or illness: _____

MEDICATION

Name / Type of medication (as detailed on the container): _____

For how long will your child need to take this medication? _____

Date issued: _____

Full Directions for use: How much? _____

When? _____

Special Instructions (e.g. with or without food) _____

Are you happy for your child to take this medication by him / herself? YES / NO

CONTACT DETAILS

Name: _____

Relationship to pupil: _____

School hours contact number(s): _____

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

Signature: _____ Date: _____