

Request for school to administer medication

The school will not give your child medicine unless you complete and sign this form, or send in a letter of authority and the headteacher has agreed that staff can administer the medication.

Child's name:.....Class.....

Condition of illness:.....

Name/type of medication:.....

Time(s) to be administered:.....

(Please note that we have to follow the prescription label, so in most cases only ONE dose will be given during school hours)

For how long is the medication to be continued?.....

Please give any other information that the school needs to know (for example, possible side effects):.....

Does this medication need to be taken home each evening?.....If not , how long is it to be kept in school.....

I understand that I must deliver the medicine personally to the school office and collect it from there at the end of the day. (Even if my child attends an after school club).

Children attending School Friends after school club can collect it from them. Medicines will NOT be handed to the child or put in their book bags.

I accept that this is a service which the school is not obliged to undertake and that the privilege can be withdrawn at any time.

Signature:.....Date.....

Relationship to pupil:.....

Relationship to pupil:.....