

Request for Tregoze Primary School to administer short term Medication

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

1. DETAILS OF PUPIL:

Surname			
Forename			
Address		M/F	
		D.O.B.	
		Class	
Condition of illness			

2. MEDICATION:

Name/Type of Medication (as on container):	
For how long will your child take this medication:	
Date dispensed:	

3. FULL DIRECTIONS FOR USE:

Dosage:	
Timing:	
Side Effects:	
Is the child allowed to Self-administer medication?	

4. CONTACT DETAILS:

Parent / Carer Name: Address:	Home No.	
	Work No.	
	Mobile No.	

**I will deliver the medication personally to the school office and accept that this is a service which the school is not obliged to undertake.
I understand that the school will administer the medication but will not be held responsible for any side effects resulting from the medication.**

Full Name

Signature(Parent/Carer) Date.....

Name of teacher or persons responsible for administering the medication:

	Full name	Signature

