



**Parental request for the school to administer medication**

The school will not give your child medicine unless this form has been completed and the Headteacher has agreed that staff can administer the medication

**Details of Pupil**

Surname \_\_\_\_\_  
Forename(s) \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_ Date of birth \_\_\_\_\_  
\_\_\_\_\_ Class \_\_\_\_\_

**Medication**

Name/Type of Medication \_\_\_\_\_  
For how long will your child take this medication \_\_\_\_\_  
Date dispensed \_\_\_\_\_  
Full directions for use \_\_\_\_\_  
Dosage and method \_\_\_\_\_  
Timing \_\_\_\_\_  
Special precautions \_\_\_\_\_  
Side Effects \_\_\_\_\_  
Self Administration \_\_\_\_\_  
Emergency Procedures \_\_\_\_\_  
Place of Storage \_\_\_\_\_

**Contact Details**

Name \_\_\_\_\_ Relationship to Pupil \_\_\_\_\_  
Daytime telephone number \_\_\_\_\_  
Address \_\_\_\_\_  
I understand that I must deliver the medicine personally to \_\_\_\_\_  
and that the school is not obliged to undertake this service.  
Signed \_\_\_\_\_ Date \_\_\_\_\_



**Record of medicine administered to an individual child**

**Name of School:** \_\_\_\_\_

**Name of Child:** \_\_\_\_\_

**Date medicine provided by parent** \_\_\_\_\_

**Class** \_\_\_\_\_

**Quantity received:** \_\_\_\_\_

**Name and strength of medicine:** \_\_\_\_\_

**Expiry date:** \_\_\_\_\_

**Quantity returned:** \_\_\_\_\_

**Staff Signature:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_

Date:							
Time Given:							
Dose Given:							
Name of member staff:							
Staff Initials:							

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