

**Parental request for School to administer medication  
2020/21 Academic year**

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.

**Details of Pupil**

Name: \_\_\_\_\_ Class: \_\_\_\_\_

Condition or illness: \_\_\_\_\_

**Medication**

Name/type of medication (as described on the container): \_\_\_\_\_

For how long will your child take this medication: \_\_\_\_\_

Date dispensed: \_\_\_\_\_

**Full directions for use:**

Dosage and method: \_\_\_\_\_ Timing: \_\_\_\_\_

**Contact details**

Name: \_\_\_\_\_

Daytime telephone number: \_\_\_\_\_

Relationship to pupil: \_\_\_\_\_

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

---

*For office use only:*

The school agrees to supervise the taking of these medicines in these dosages on these days by the above named child.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Date/time medicine taken:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____