

**Parental request for School to administer medication
2021/22 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:

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