

Request for School to Administer Medication

The school will not give your child medicine unless you complete and sign this form.

DETAILS OF PUPIL		
Surname:	Forename(s):	Class:
Condition or illness:		
MEDICATION		
Name/type of medication (as described on container):	For how long will your child take this medication:	
Dosage and method:	Time last dose was given:	
	Next/earliest dose due:	

I understand that I must deliver the medicine personally to the office and accept that this is a service which the school is not obliged to undertake. I will notify the school of any changes to this information (time of dosage etc).

Date.....Signature.....

Relationship to pupil.....