**Veryan C of E School**

**Medicine Form**

Veryan, Truro, Cornwall, TR2 5QA

veryan.secretary@celticcross.education

01872 501431 www.veryanschool.co.uk

Request for school to administer medication

Form for parents to complete if they wish their child to be given medicine during the school day.

**The school will not give your child medicine unless you complete and sign this form and the Head of School has agreed that school staff can administer the medication.**

**Details of pupil:** Surname………………………………………………Forename………………………………………………….

Address……………………………………………………………………………………………………………………………………………………

Class………………………………………………Male/Female. Date of birth………………………………………………

Condition or illness:……………………………………………………………………………………………………………………………

**Medication**

Name/type of medication…………………………………………………………………………………………………………………

How long will this medication be taken for?.............................................................................................

Date dispensed:…………………………………………………

**Full directions for use:**

Dosage and method:……………………………………………………………………………………………………………………………

Timing:…………………………………………………………………………………………………………………………………………………….

Special precautions:………………………………………………………………………………………………………………………………

Self administration: y/n

**Procedure to take in an emergency:**

Contact details:…………………………………………………………………………………………………………………………

Signed:…………………………………………………………………..Date:……………………………………………………………………

Relationship to pupil:………………………………………………………………………………………………………………