Form 2 – Veryan CofE VA Primary School

Request for School to Administer Medication

Form for parents to complete if they wish the school to administer medication

**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

Surname :…………………………………………………………………………………………………………………….

Forename( s) :……………………………………………………………………………………………………………….

Address: ……………………………………………………………………………………………………………………

……………………………………………………………………………………………………………………………..

Class/Form:…………………. M/F…………………………….. Date of Birth:………………

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: ………………………………………………………………………………………………………………

Special Precautions:……………………………………………………………………………………………………………….

Self Administration: ………………………………………………………………………………………………….

Procedures to take in an Emergency:………………………………………………………………………………..

CONTACT DETAILS:

Name:……………………………………………………….… Daytime Telephone No…………………………

Relationship to Pupil Address: ……………………………………………………………………………………..

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I understand that I must deliver the medicine personally to [agreed member of staff] and accept that this is service which the school is not obliged to undertake.

Date:... .......................................... Signature(s)……………………………………………………………

Relationship with pupil: ………………………………………………………………………………………………..