



Great Gaddesden Cof E (VA) Primary School

Headteacher: Mrs S.M.Wickens

REQUEST FOR SCHOOL TO ADMINISTER MEDICATION

This form must be completed and signed before the school will administer your child's medicine.

DETAILS OF PUPIL

Surname:

Forename(s):

M/F.....DOB.....Class.....

Condition or illness:.....

MEDICATION:

Name / Type of Medication:

(as described on the container/packaging)

For how long will your child take this medication.....

Date dispensed:.....Expiry date:.....

Full Directions for use:

Dosage and method:

Timing:

Special Precautions:

Side Effects:

Self-administration (under adult supervision):

Procedures to take in an Emergency:

I understand that I must deliver the medicine personally, in the original container as dispensed by the pharmacy, to the school office and accept that this is a service which the school is not obliged to undertake. The above information is, to the best of my knowledge, accurate at the time of writing, and I give consent to school staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if the medicine is stopped before completion of the expected course. I will complete a new request form if there is any change in dosage or frequency of medication.

Signatures(s): Date:

Relationship to pupil: