

St. Wilfrid's CE Primary School

Request for 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 medication. Medication must have been prescribed by a Doctor.

DETAILS OF PUPIL

Surname

Forename

Address

Class

Condition or illness

MEDICATION

Name/Type of Medication (as described on the container)

.....

For how long will your child take this medication

Full Directions for use

Dosage and method

Timing

Special Precautions

Side Effects

Self Administration

Procedures to be taken in an Emergency

I understand that I must deliver the medicine personally to the relevant school office and accept that this is a service which the school is not obliged to undertake.

Date Signature

Relationship to pupil