

# BUSHMEAD 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 the medication.

### DETAILS OF PUPIL

Surname: .....

Forenames: ..... Class.....

Address: ..... Male/Female .....

..... Date of birth .....

Condition/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 ..... Method: ..... Timing .....

Special Precautions: .....

Side Effects: .....

Self-Administration: .....

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

### CONTACT DETAILS

Name: ..... Relationship to pupil: .....

Daytime Telephone ..... Mobile .....

Daytime Address: .....

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

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