

Request for School to Administer Medication



- 1. All medication must be handed into the school office in its original packaging, labelled with the child's name.**
- 2. Any prescribed medication must be clearly labelled with the child's name from the pharmacist. We only administer antibiotics if they have been prescribed to be administered 4 times a day**
- 3. Only in exceptionally circumstances will non-prescription medication be administered in school by staff.**
- 4. The school will not give your child medicine unless you complete and sign this form, and the Head teacher has agreed that the school staff can administer the medication:**

Pupil's name _____

D.O.B. _____ Class: _____

Condition or illness _____

Medication: _____

Dosage and method: _____

Timing: _____

Date dispended: _____

Duration of Treatment: _____

Contact Details

Name: _____

Contact Phone no: _____

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

Date: _____ Signature: _____

Relationship to pupil: _____

