

# St Peter's CEP 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: ..... Class: .....

Forename(s): .....

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: ..... Expiry date: .....

### Full Directions for use:

Dosage and method: .....

Date and Time:.....

Special Precautions: .....

Are there any side effects that the school needs to know about?: .....

.....

Self-Administration: Yes / No (*delete as appropriate*)

Procedures to take in an emergency: .....

.....

**NB Medicines must be in the original container as dispensed by the pharmacy.**

### CONTACT DETAILS:

Name: ..... Daytime Tel No: .....

Relationship to Pupil: .....

I understand that I must deliver the medicine personally to a member of staff.

Signature: ..... Date .....