

Request for school/setting to administer medication

The school/setting will not give your child medicine unless you complete and sign this form, and the headteacher/head of setting has agreed that staff can administer the medication.

CHILD DETAILS	
Surname	Male/Female
Forename (s)	Date of Birth
Address	Class/Form/Group
	Condition or 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 and method	
Timing	
Special Precautions	
Side effects	
Self Administration	
Procedures to take in an Emergency	
Contact Details	
Name	Address
Daytime telephone number	
Relationship to child	
I understand that I must deliver the medicine personally to:	
Date	Signature(s)
Relationship to child	