

### **Request for the school to administer prescribed medication**

Please note the school will not be able to administer medication unless you complete and sign this form, and the Headteacher has agreed that school staff can administer the medication.

#### **DETAIL OF PUPIL**

Surname:	Forename:
Date of Birth:	Male/Female
Class:	
Condition/Illness:	

#### **DETAIL OF MEDICATION**

Name/Type of Medication:(as described on the container)	
Date dispensed by pharmacy:	Date to stop Administering:
Is the medication to be collected at the end of each day?	YES/NO

#### **FULL DIRECTIONS OF USE**

Dosage:	
Method:	
Time/s to be given at school:	
Can the child self-administer the medication?	YES/NO
Special Precautions:	
Possible side effects:	
Guidance sheet included in packaging?	YES/NO
Procedures to take in an emergency:	

#### **CONTACT DETAILS**

Name:
Relationship to the pupil:
Daytime Tel. No.

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

**I also understand and accept that all relevant staff will be made aware of my Childs medical needs.**

**Signature:**

**Print Name:**

**Date:**

Headteacher Mrs Lorraine Quirk

Deputy HT Mrs Saeeda Wilson-Andoh

Assistant HT Mrs Kaajal Mushtaq

Singleton Drive, Grange Farm, Milton Keynes, MK8 0PZ T: 01908-867356 F: 01908-867165

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