

Hillmead Primary School

REQUEST FOR SCHOOL TO ADMINISTER PRESCRIPTION MEDICATION 2020/21

The school will not give your child medication unless you complete and sign this form and the Headteacher has agreed that school staff can administer the medication.

DETAILS OF PUPIL

Surname

Forename(s)

Address

Date of birth Class

Condition or illness

MEDICATION

Name/Type of Medication
(as described on container)

For how long will your child take this medicine

Date dispensed Use by date:

FULL DIRECTIONS FOR USE

Dosage and method

Timing

Special Precautions

Side Effects

Self Administration

Procedures to take in an Emergency

CONTACT DETAILS

Name Daytime telephone no

Relationship to Pupil Mobile telephone no

Address

.....

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

Signature Date