



OVERTON ST HELEN'S C E PRIMARY SCHOOL

REQUEST FOR SCHOOL TO ADMINISTER MEDICATION

The school will not give your child any medication unless you complete and sign this form and the Headteacher has confirmed that a school staff member has agreed to supervise the administration of the medication.

DETAILS OF PUPIL

Surname

Forename(s)

Address M/F

..... Date of Birth

..... Class

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 DIRECTION FOR USE

Dosage and amount (as per instructions on container)

Method

Timing

Special Precautions

Side Effects

Self-Administration

Procedures to take in an Emergency

I understand that I must deliver the medication personally to Mrs Barry in the school office and if necessary, collect the medication at the end of the school day. I also accept that this is a service which the school is not obliged to undertake.

Date Signature(s)

Relationship to pupil