

ANY MEDICATION PERMISSION FORM



REQUEST FOR SCHOOL TO ADMINISTER MEDICATION

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

Details of Pupil

Surname.....Form/Class.....

Forename(s).....M/F.....

Date of Birth.....Age now.....

Address.....

.....Post Code.....

Condition or illness.....

Medication

Name/Type of medication.....
(As described on the container).

Directions for use:

Dose and method.....(age appropriate).

Timing.....

Special Precautions.....

Any side effects?.....

Can it be self administered? Yes/ No

Procedure to take in an emergency.....

Contact details:

Name..... Daytime telephone number:.....

Relationship to pupil.....Mobile number:.....

Address if different from above.....

I understand and accept that this is a service which the school is not obliged to undertake.

Signature..... Date.....

This form can be copied