

Garlinge Primary School and Nursery

Request to Administer Medication

The school will not be able to administer any medication to your child unless this form has been completed and signed and the Headteacher has authorised school staff to administer the medication.

DETAILS OF PUPIL

Child's Name Class
Child's Date of Birth
Conditions or Illness

MEDICATION TO BE ADMINISTERED

Name / Type of Medication (as described on the container)
.....
How long will your child take this medication
Date dispensed

FULL DIRECTIONS FOR USE

Dosage and method
Timing
Special Precautions.....
Side Effects
Procedures to take in an emergency
.....

CONTACT DETAILS

Name
Relationship to child Emergency Tel No.
Address
.....

I understand that I must deliver the medicine personally to the Welfare Officer and accept that this is a service that the school is not obliged undertake.

Name Date

Signature

