

# REQUEST FOR SCHOOL TO ADMINISTER MEDICATION



**HYTHE BAY**  
Church of England  
Primary School and  
Children's Centre

## DETAILS OF PUPIL

Date..... Child's Name.....

Date of Birth..... Class.....

Condition/Illness.....

## MEDICATION

Note: **MEDICINES MUST BE IN THE ORIGINAL CONTAINER AS DISPENSED BY THE PHARMACIST.  
STUDENTS SHOULD NOT SELF ADMINISTER**

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

Amount of medication:.....

For how long will your child take this medication?.....

Date dispensed..... Expiry date.....

## FULL DIRECTIONS FOR USE

Dosage and method..... Timing.....

Special precautions..... Possible side effects.....

Procedure to take in the event of an emergency.....

## CONTACT DETAILS

Name..... Daytime contact telephone number.....

Relationship to pupil..... Name and contact number of GP.....

I understand that I must deliver the medicine personally to the school and accept that this is a service which the school is not obliged to undertake. This information is, to the best of my knowledge, accurate at time of writing and I give consent to the school staff to administer the medicine in accordance with the school policy. I will inform the school immediately in writing if there is any change in dosage or frequency of the medication.

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

## For school use:

Medication received in school on .....

Signed:..... Print Name:.....