



Request for the school to administer medication

So that the school may support you in the safest way when administering medicines to your child please be aware of the following:

- The school cannot administer medicines/medication to your child unless you complete this form
- All medication **must** be in the original prescription container prescribed by your GP with your child's name on it and taken to the school office personally
- If you choose to do this it is the responsibility of your child to come and take the medicine at the required time and also for you, as a parent, to collect the medicine after school

<p>Details of Pupil</p> <p>Child's Name: _____ Class: _____</p> <p>Condition/Illness: _____</p>
<p>Medication</p> <p>Name/Type of Medication: _____</p> <p>Dosage/Time: _____</p>

I accept that the school cannot be held responsible for this medicine or the way it is administered.

Parent/Carer Signature

Date

