SECTION 6: MEDICAL FORMS

Med form 1

REQUEST FOR SCHOOL TO ADMINISTER MEDICATION

This form is for parents to complete if they wish the school to administer medication. The school will not give your child medicine unless you complete and sign this form, and the Headteacher has agreed that school staff can administer the medication.

DETAILS OF PUPI	L		
Surname:			
Forename(s):			
Address:			
		Post Code:	
Male/Female:	Date of Bi	rth:	Clas
Condition or Illness:	:		
MEDICATION			
Name / Type of Med	dication (as described on	the container):	
For how long will yo	our child take this medicat	tion?	
i or now long will yo	or orma take triis medicat		
Date dispensed:			
FULL DIRECTIONS	S FOR USE		
Dosage and method	d:		
Time in au			
Timing:			
Special Precautions	3:		
Side Effects:			
Self-administration:	YES / NO		
Procedures to take	in an Emergency:		

		Pupil name:		
CONTACT DETAILS	S FOR			
		Class:		
Name:				
Daytime Telephone	No:			
Work Telephone No.				
Mobile Telephone N	0			
Relationship to Pupil	l:			
Address:				
	nust deliver the medicine service which the school		,	
Date:		Signature(s):		
Relationship to pupil	:			