**REQUEST FOR SCHOOL TO ADMINISTER MEDICATION**

**School staff are only allowed to administer medication which has been prescribed by a Doctor and is clearly labelled with the child’s name and dosage. They are not authorised to administer over the counter medicines.**

Please complete and sign this form to authorise school staff to give your child medication as detailed below. No medication can be give unless a parent/carer has completed and signed this form and the Headteacher has agreed that staff can administer the medication.

**DETAILS OF PUPIL**

|  |  |
| --- | --- |
| Surname | |
| Forename | |
| Address | Date of birth |
|  |  |
|  | Class/Year |
|  |  |

**MEDICATION**

Name of medication:

For how long will your child take this medication?

Date dispensed:

Full directions for use, e.g. what time & how much is to be given:

**CONTACT DETAILS**

Name of parent/carer completing this form:

Relationship to pupil:

Telephone number:

I understand that I must deliver the medicine personally to the School Office and that this is a service which the school is not obliged to undertake.

Signature Date