# DUNDRY C OF E PRIMARY SCHOOL

## Parental request for the school to administer medication.

The school will not give your child medicine unless this form has been completed and the Headteacher has agreed that staff can administer the medication.

**PUPIL DETAILS:**

| | | | |
|---|---|---|---|
| **Surname:** | | | |
| **Forename:** | | | |
| **Address:** | | | |
| | | | |
| **Date of Birth:** | | **Class/Year:** | |

**MEDICATION:**

| | |
|---|---|
| **Name/Type of medication:** | |
| **For how long will your child take this medication:** | |
| **Date dispensed:** | |
| **Full directions of use:** | |
| **Dosage and method:** | |
| **Timing:** | |
| **Special precautions:** | |
| **Side effects:** | |
| **Self-Administration:** | |
| **Emergency Procedures:** | |
| **Place of storage:** | |

**CONTACT DETAILS:**

| | | | |
|---|---|---|---|
| **Name:** | | **Relationship to child:** | |
| **Daytime telephone number:** | | | |
| **Address:** | | | |
| **I understand that I must deliver the medicine personally to:** | | | |
| **and that the school is not obliged to undertake this service** | | | |
| **Signed:** | | **Date:** | |

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **Record of medication given to pupils** | Name | | | | | | | | | | |
| | Witness Signature | | | | | | | | | | |
| | Name | | | | | | | | | | |
| | Staff signature | | | | | | | | | | |
| | Any reactions | | | | | | | | | | |
| | Dose Given | | | | | | | | | | |
| | Name of Medication | | | | | | | | | | |
| | Time | | | | | | | | | | |
| | Pupil’s Name | | | | | | | | | | |

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Date | | | | | | | | | | |