

## Icknield Walk First School

### Request for 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.

#### Pupil Details

Name \_\_\_\_\_ Class \_\_\_\_\_

Condition or illness \_\_\_\_\_

#### Medication

Name/type of medication \_\_\_\_\_  
(as described on the container)

For how long will your child take this medication \_\_\_\_\_

Date dispensed \_\_\_\_\_

#### **Full Directions for Use**

Dosage and method \_\_\_\_\_

Timing (please state if must be given before food) \_\_\_\_\_

Special precautions / side effects \_\_\_\_\_

Self administration? \_\_\_\_\_

Procedures to take in an emergency \_\_\_\_\_

#### Contact Details

Name \_\_\_\_\_ Daytime telephone number \_\_\_\_\_

Relationship to pupil \_\_\_\_\_

I understand that the school is under no obligation to administer medicines, and that the responsibility for advising the school of changes in dosage / timing remains mine.

Signed \_\_\_\_\_ Date \_\_\_\_\_