

SCAPEGOAT HILL J & I 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.

DETAILS OF PUPIL	
Surname:	Date of Birth:
Forename(s):	Class:
Address:	
Condition or illness:	

MEDICATION
Name/type of medication (as described on container):
For how long will your child take this medication:
Date dispensed:
Dosage and method:
Timing:
Special precautions:
Side effects:
Procedures to take in an emergency:

CONTACT DETAILS	
Name:	Daytime tel no:
Relationship to pupil:	
Address:	

I understand that I must deliver the medicine personally to a member of staff and accept that this is a service which the school is not obliged to undertake.

Signature:

Date:

Relationship to pupil: