



Every Moment Matters

Request for School to Administer Medication

Perran-ar-Worthal School will not give your child medicine unless you complete and sign this form, and the headteacher has agreed that a member of staff can administer the medication.

Childs Details

Name:	
Class:	
Reason for medication:	

Medication

Name of Medication (as described on container):	
Date medication dispensed:	
For how long will your child take this medication:	
Dosage and method of administration:	
Timing:	
Special Precautions:	
Are there any known side effects?	
Procedures to take in an emergency:	

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

Signature:..... Date:

Relationship to Pupil:

For School Use

Medicine Number

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I agree that (name of child) will receive the requested dosage of medicine as detailed above at the times specified. He/She will be supervised whilst taking their medication by (name of staff member).

Signed: Date: