Appendix III

Parental Request for School to Administer Medication.
The School will not give your child medicine unless this form is completed and signed.

Surname of pupil…….. Forename(s)……..

Address…… M/F……..

Date of Birth…… Class……..

Condition or illness……..

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…….

Timing……..

Route e.g. oral, injection etc.....……..

Side Effects…….

Self Administration……..

Procedures to take in an emergency……

……

Emergency contact name……...

Relationship to pupil…….. Daytime phone no…….

Address……

Please read and sign this declaration:
I understand that:

1. **I must deliver the medicine personally to ……...**
   (Member of Staff)
2. **If no member of staff who is trained to give medication is available, then the medication will not be given and I will be informed**

Signature(s)……. Date……

Relationship to pupil……