



REQUEST FOR SCHOOL TO ADMINISTER PRESCRIBED MEDICATION AND EMERGENCY CONTACT

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.

Please ensure this form is completed and returned even if your child has no medication to be administered as it provides us with emergency contact details.

DETAILS OF PUPIL

Surname: _____

Forename(s): _____

Address: _____

Male/Female: _____

D.O.B: _____

Class/Form: _____

Condition or Illness: _____

MEDICATION

Name of Medicine	Duration of Course	Dosage and method	Timing	Self-Administer (y/n)	Date prescribed

Side effects from medication: _____

Emergency Procedures: _____

CONTACT DETAILS

Name _____

Address _____

Home Telephone Number _____

Mother's daytime telephone number _____

Father's daytime telephone number _____

Other emergency contact numbers _____

Please provide any other information that the school needs to be aware of regarding your child's medical condition and recent health before the residential visit

DECLARATION

Whilst my child is attending the residential visit the school staff have my permission to administer the medication as detailed overleaf.

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

I confirm that my child's Doctor has stated that (s)he considers it is necessary for the medication to be taken.

Signed: _____ Parent/Guardian

Date:.....

Time given:.....

Dose given:.....

Member of staff:.....

Staff initials:.....

Date:.....

Time given:.....

Dose given:.....

Member of staff:.....

Staff initials:.....

Date:.....

Time given:.....

Dose given:.....

Member of staff:.....

Staff initials:.....

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