

# FORM 1 Request for school to administer medication

## Details of Pupil

Surname: \_\_\_\_\_

Forename(s): \_\_\_\_\_

Address: \_\_\_\_\_ M/F: \_\_\_\_\_

\_\_\_\_\_ DOB: \_\_\_\_\_

\_\_\_\_\_ Class: \_\_\_\_\_

Condition/Illness: \_\_\_\_\_

## Medication

Name/Type of Medication (as described on the container): \_\_\_\_\_

How long will your child take this medication: \_\_\_\_\_

Date dispensed: \_\_\_\_\_ Expiry date: \_\_\_\_\_

## Full Directions for Use

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

Timing: \_\_\_\_\_

Special precautions: \_\_\_\_\_

Side Effects: \_\_\_\_\_

Can the child administer own medication: \_\_\_\_\_

Emergency Procedures: \_\_\_\_\_

## Contact Details

Name: \_\_\_\_\_ Tel: \_\_\_\_\_

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

Address: \_\_\_\_\_

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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