

EDWINISTREE MIDDLE SCHOOL
A Voluntary Controlled Church of England School

REQUEST FOR SCHOOL TO ADMINISTER MEDICATION

Medication will not be administered unless prescribed by a doctor and all medication must be in the original container. Antibiotics will only be administered by school staff if it is prescribed to be taken 4 times a day.

DETAILS OF PUPIL

Surname:

Forename(s)

AddressM/F.....

.....DOB

.....Tutor Group

Condition or illness.....

MEDICATION

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 and Method

Timing.....

Special Precautions

Side Effects:

Self Administration.....

Procedures to take in an Emergency

CONTACT DETAILS:

Name:.....Daytime Telephone No.....

Relationship to Pupil:.....

Address:

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

Date:Signature(s).....

Relationship to pupil:.....