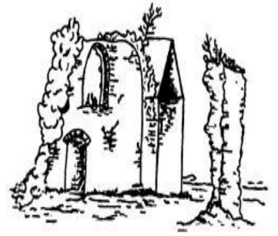
Diocese of Nottingham
Working in partnership with Nottinghamshire County Council

The Priory Catholic Voluntary Academy



REQUEST FOR SCHOOL TO ADMINISTER MEDICATION

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.

DETAILS OF PUPIL

Surname:___________________________________ Forenames(s)_______________________________

Address:____ ____M/F:______________________

____ ____Date of Birth:_____________

____Class:_____________________

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:____ Timing:_______________________________

Special Precautions:___________________________________ Side Effects:____________________________

Procedures to take in an Emergency:____

CONTACT DETAILS

Name:____Daytime Phone No:__________________

Relationship to Pupil:____

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

Date:_________________________________

Signatures:____

Relationship to pupil:____