

GLENBROOK PRIMARY SCHOOL

Request for school to administer medication

(to be completed by parents if they wish school to administer medication)

The school will not give your child medicine unless you complete and sign this form, and the Head Teacher has agreed that school staff can administer the medication.

DETAILS OF PUPIL

Surname:		Forenames:	
Gender: Male/Female	Date of birth:	Class:	
Address:			
Condition or illness:			

MEDICATION

Name and 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:	Relationship to pupil:
Address:	
Phone number:	

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

Signed _____ Date _____

Relationship to pupil _____