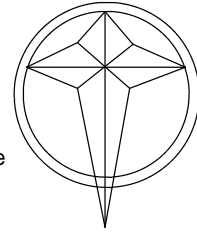


ST.CATHERINE'S C OF E PRIMARY SCHOOL
Request for School to Administer Long Term Medication

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.....

Forename(s).....

Address M/F:

.....

Date of Birth:..... Class/Form:

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:.....

PARENT/ CARER CONTACT DETAILS:

Name Daytime Telephone No

Address:

I understand that I must deliver the medicine personally to [agreed member of staff] and accept that this is service which the school is not obliged to undertake

Date: Signature(s)