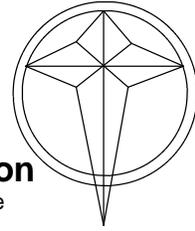


ST.CATHERINE'S C OF E PRIMARY SCHOOL



Request for School to Administer Short 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:

MEDICATION - Name/Type of Medication (as described on the container)

.....

Full Directions for Use:

Dosage and method:.....

Timing:.....

Special Precautions:.....

Side Effects:.....

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)