



# St Peter's Church of England Middle School



## Request for School to administer medicine

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

### DETAILS OF STUDENT

Surname: \_\_\_\_\_ Forename(s) \_\_\_\_\_

Address: \_\_\_\_\_

Male/Female: 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: \_\_\_\_\_

### CONTACT DETAILS:

Name: \_\_\_\_\_ Daytime Telephone No \_\_\_\_\_

Relationship to Student \_\_\_\_\_

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

Date: \_\_\_\_\_ Signature(s): \_\_\_\_\_



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## Confirmation of the School's agreement to administer medication

I agree that *[name of child]*\_\_\_\_\_ will receive *[quantity and name of medicine]*\_\_\_\_\_ every day *[time medicine to be administered eg. lunchtime or afternoon break]*\_\_\_\_\_.

*[Name of child]*\_\_\_\_\_ will be supervised whilst they take their medication. This arrangement will continue until the end date of course of medicine / until instructed by parents.

Date: \_\_\_\_\_ Signed: \_\_\_\_\_