



Medication Form

Request for medication to be administered at school

I request that (Full name of child)

Class.....

Be given the following medication:

Medicines	
Date Dispensed:	
Expiry Date:	
Dosage and Method:	
Timing:	
Date/time medicine was administered by parent	
Self-Administration:	YES/NO
Notes:	

Please tick:

- The above medication has been prescribed by the family doctor.
- It is clearly labelled indicating contents, dosage and child's name in **Full**

I understand that the medicine must be delivered personally to the School Office and accept that it is a service, which the school is not obliged to undertake.

Signed..... Date.....

NOTE: school staff cannot administer aspirin, Ibuprofen or products containing Ibuprofen such as children's Nurofen to pupils unless prescribed by a doctor.

Note: Medication will not be accepted by the school unless this form is completed and signed by the parent or legal guardian of the child and that the administration of the medicine is agreed by the school office.

The Governors and Headteacher reserve the right to withdraw this service.