

## **Request for Wedmore First School to administer 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.

A newly completed form should be submitted every time the dosage or timings of medication are changed.

### **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: \_\_\_\_\_

**CONTACT DETAILS:**

Name: \_\_\_\_\_ Daytime Tel No: \_\_\_\_\_

Relationship to Pupil:  
\_\_\_\_\_

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

I understand that I must deliver the medicine personally to the school office.

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

\_\_\_\_\_  
Relationship to pupil:  
\_\_\_\_\_