

METHLEY PRIMARY SCHOOL
Request for school to administer medication

Details of Pupil: Male/Female DOB : CLASS :

Surname:1908.....

Forename(s) :

Address:

Medication :

Name/Type of medication (as described on the label):

Condition of illness:

How long will your child take this medication for :

Date dispensed :

Full Directions for use :

Dosage and method: Timing:

Special precautions:

Side effects:

Procedures to be taken in an emergency:

Self Administration : YES/NO OR BY STAFF

Contact Details :

Name: Daytime telephone No:

Relationship to Pupil:

Address:

**I understand that I must deliver the medicine personally to the agreed member of staff and accept this is a s
the school is not obliged to undertake.**

Signature : Parent/Guardian Date :

Administered : (to be completed by two staff)

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