



## Parental request for the school to administer medication

The school will not give your child medicine unless this form has been completed and the Headteacher has agreed that staff can administer the medication

Details of Pupil	
Surname	
Forename(s)	
Address	
	Date of birth
	Class
Medication	
Name/Type of Medication	
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	
Emergency Procedures	
Place of Storage	
Daytime telephone number	
Contact Details	Defetional into Desir
Name Address	Relationship to Pupil
I understand that I must deliver the	medicine personally to
and that the school is not obliged t	a control of the state of the
Signed	
Oignou	Date

Midsomer Norton S P Schools Partnership

## Record of short term medication given to pupils

Print Name					
Signature of Staff					
Dose Given Any Reactions					
Dose Given					
Name of Medication					
Time					
Pupil's Name					

