



St Andrew's Church of England Primary School

**REQUEST FOR SCHOOL TO ADMINISTER MEDICATION**

**DETAILS OF PUPIL**

Name of Pupil.....  
Address.....  
Date of birth.....  
Class and teacher.....  
Details of condition or illness.....

**MEDICATION – only medicines prescribed by a doctor may be given**

Name/type of medication.....  
For how long will your child take this medication?.....  
Date dispensed.....

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**Full directions for use**

Dosage and timing.....  
Special precautions.....  
Side effects.....  
Procedures to take in an emergency.....

**I confirm that it is necessary to take this medicine in school hours**

**I confirm that my child may administer his/her own medicine.**

Please delete if inappropriate

**CONTACT DETAILS**

Name and telephone number.....

I understand that I must deliver the medicine personally to the teaching assistant attached to my child's class, and accept that this is a service which the school is not obliged to undertake. I have read the above conditions relating to medicine at St Andrew's C of E Primary School, and I recognise the school's disclaimer of responsibility with respect to the administration of any medicine.

Signed..... (Parent or guardian)

Date.....

Relationship to pupil: .....