

Faringdon Junior School

Gloucester Street, Faringdon, Oxfordshire SN7 7HZ

Request for 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.

DETAILS OF PUPIL

Full name: _____

Date of birth: _____

Class: _____

Condition or illness: _____

MEDICATION & DIRECTIONS FOR USE

Name/type of medication: _____
(as described on the container and in original packaging)

How long will your child take this medication: _____

Dosage and method: _____

Timing: _____

Special precautions or side effects: _____

Procedures to take in an emergency: _____

EMERGENCY CONTACT DETAILS

Name: _____ Daytime telephone no: _____

Relationship to pupil: _____

Address (if different to child's): _____

I understand that I must deliver the medicine personally to the School Office and accept that this is a service which the school is not obliged to undertake. It is the responsibility of the child to go to the Office at the appropriate time to take the medicine.

Signature(s): _____ Date: _____

Print name: _____ Relationship to pupil: _____