



Ribby with Wrea Endowed Church of England Primary School



Request for School to administer medication

The school will not give your child medication unless you complete and sign this form and the Headteacher has agreed that school staff can administer the medication.

Details of Pupil

Name Male / Female

Address Date of Birth

..... Class

Condition / Illness

Medication

Name / Type of Medication (as described on the container)

How long will you child take this medication for

Date dispensed Expiry Date

Quantity received

Full Directions for Use

Dosage and method

Time/s to be administered

Special precautions

Side effects

Can your child self-administer

Emergency Procedures

Authorisation

Signature Name

Relationship to child Date

Received by Date

Headteacher's Signature Date