

# BIRCH COPSE SCHOOL

## 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:

Surname: \_\_\_\_\_

Forename(s): \_\_\_\_\_

Address: \_\_\_\_\_ M/F: \_\_\_\_\_

\_\_\_\_\_ DOB: \_\_\_\_\_

\_\_\_\_\_ Class: \_\_\_\_\_

Condition or illness: \_\_\_\_\_

### MEDICATION:

Name/Type of medication (as described on the container): \_\_\_\_\_

For how long will your child take this medication: \_\_\_\_\_

Name and phone no. of prescribing GP: \_\_\_\_\_

### FULL DIRECTIONS FOR USE:

Dosage and method: \_\_\_\_\_

Timing: \_\_\_\_\_

Special precautions: \_\_\_\_\_

Side effects: \_\_\_\_\_

Procedures to take in an emergency: \_\_\_\_\_

### CONTACT DETAILS:

Name: \_\_\_\_\_ Phone no: \_\_\_\_\_

Relationship to Pupil: \_\_\_\_\_

Address: \_\_\_\_\_

I understand that I must deliver the medicine personally to a member of the school staff, and accept that this is a service which the school is not obliged to undertake.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Pupil: \_\_\_\_\_