

Request for the school to administer prescribed medication

Please note the school will not be able to administer medication unless you complete and sign this form, and the Headteacher has agreed that school staff can administer the medication.

DETAIL OF PUPIL

Surname:	Forename:
Date of Birth:	Male/Female
Class:	
Condition/Illness:	

DETAIL OF MEDICATION

Name/Type of Medication:(as described on the container)	
Date dispensed by pharmacy:	Date to stop Administering:
Is the medication to be collected at the end of each day?	YES/NO

FULL DIRECTIONS OF USE

Dosage:	
Method:	
Time/s to be given at school:	
Can the child self-administer the medication?	YES/NO
Special Precautions:	
Possible side effects:	
Guidance sheet included in packaging?	YES/NO
Procedures to take in an emergency:	

CONTACT DETAILS

Name:
Relationship to the pupil:
Daytime Tel. No.

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

I also understand and accept that all relevant staff will be made aware of my Childs medical needs.

Signature:

Headteacher Mrs Lorraine Quirk

Deputy HT Mrs Saeeda Wilson-Andoh

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