|  |  |
| --- | --- |
| Yavneh_Primary_logo_CMYK_small | **REQUEST FOR SCHOOL TO ADMINISTER MEDICATION** |

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

**The school will not give your medicine unless you complete and sign this form, and the Head Teacher has agreed that the School Staff can administer the medication.**

**Details of Pupil:**

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| --- |
| Child’s full name: |
| Address: |
| M/F | Date of birth:  | Class: |
| Condition of illness: |

**Medication:**

|  |
| --- |
| Name/type of medication **(as described on container)** |
| For how long will your child take this medication? |
| Date dispensed: |

**Full directions for use:**

|  |  |
| --- | --- |
| Dosage and method: | Timing: |
| Special precautions: | Possible side effects: |
| Self Administration: |
| Procedures to take in an emergency: |

**Contact Details**

|  |  |
| --- | --- |
| Name: | Daytime phone no: |
| Relationship to pupil: | Mobile phone no: |

I understand that I must deliver the medicine personally to Mrs L Collins and accept that this is a service which the school is not obliged to undertake.

**Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to pupil\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**