Norfolk County Council

Ellingham VC Primary 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 medicine.

DETAILS OF PUPIL:

Surname:……. First Name:……

Class:……

Condition/Illness:……

MEDICATION

Name of Medicine	
Duration of Course	
Dosage & Method	
Timing	
Self-Administer (Y/N)	
Date Prescribed	

Has your child taken this medicine before? **Yes/No**

If Yes, did your child have any side effects? **Yes/No**

Please provide details:……

DECLARATION

I understand that I must bring the medicine to the school office, and that this is a service which the school is not obliged to undertake. We will do our best to administer the medicine at the correct time, although there may be occasions where due to various circumstances, this is not possible.

Signed:……. Print Name:…….....

Relationship to Pupil:…….. Date:……