

# Spring Vale Primary School

## Together Everyone Achieving More

Headteacher: Mr C Blunt



### Request to school for administration of medication

The school will not give your child medicine, or allow self-administration of medication, unless you have completed and signed this form, and the Headteacher has given you written confirmation of their agreement.

#### DETAILS OF PUPIL

Surname	<input type="text"/>	Forename	<input type="text"/>
Condition or illness	<input type="text"/>		
Class/Form	<input type="text"/>		

#### MEDICATION

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

How long will your child take this medication:	<input type="text"/>
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Date dispensed	<input type="text"/>
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Medication expiry date	<input type="text"/>
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#### Full directions for use:

Dosage and method	<input type="text"/>	Timing	<input type="text"/>
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Special Precautions	<input type="text"/>
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Side Effects	<input type="text"/>
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Who will keep the medication? School ☐ Pupil ☐

Self Administration Yes ☐ No ☐

Please complete page 2

Procedures to take in an Emergency:

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**CONTACT DETAILS**

Family Contact 1		Family Contact 2	
Name		Name	
Phone No (work)		Phone No (work)	
Home		Home	
Mobile		Mobile	
Relationship		Relationship	

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

Date  Relationship to pupil

Signature(s)