

Parental/Carer Request for school to administer medicine – Short Term

The school will not give your child medicine unless you complete and sign this form .

Name of school	Holden Clough Primary School
Name of child	
Date of birth	/ /
Group/class/form	
Medical condition or illness	

Medicine

Name/type of medicine <i>(as described on the container)</i>	
Date dispensed	/ /
Expiry date	/ /
Agreed review date	
Dosage and method	
Timing	
Special precautions	
Are there any side effects that the school/setting needs to know about?	
Self administration	
Procedures to take in an emergency	

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
The medication will be delivered to school by:	
The medication will be handed to:	

I accept that this is a service that the school is not obliged to undertake.

I understand that I must notify the school of any changes in writing.

Date _____ Signature of Parent/Carer _____

Date _____ Signature of Headteacher _____