**Request for Anstey First School to Administer Medicine**

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

and the Head Teacher has agreed that school staff can administer the medication.

**DETAILS OF PUPIL**

Surname: ………………………………………………………………………………

Forename(s): ………………………………………………………………………….

Address: ……………………………………………………………………………….

……………………………………………………………………..……………………

…………………………………………………………………………………………..

M/F: ……… Date of Birth: ……………………….. Class: ………….……………

Condition or illness: …………………………………………………………………..

**MEDICATION**

Name/type of Medication: ……………………………………………………………

(as described on the container)

For how long will your child take this medication: ………………………………...

Date dispensed: ………………………………………………………………………

**Full directions for use**

Dosage and method: ……………………………………………………………….

Timing: ……………………………………………………………………………….

Special precautions: ………………………………………………………….……

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Side Effects: …………………………………………………………………………

Self-administration Y/N: ……………………………………………………………

Procedures to take in an emergency: ……………………………………………

…………………………………………………………………………………..……

**CONTACT DETAILS**

Name: ………………………………………………………………………………….

Daytime tel. no.: ……………………….......... Address: …………………………..

…………………………………………………………………………………..………

………………………………………………………………………………………….

I understand that I must personally deliver the medicine to the Head Teacher or Business Manager and accept that this is a service which the school is not obliged to undertake.

Date: ……………………..…. Signature: ……………………………………………

Relationship to pupil: …………………………………………………………………