

BRONINGTON V.A.P CHURCH IN WALES SCHOOL

REQUEST FOR SCHOOL TO ADMINISTER MEDICATION

The school will not give your child any medicine unless you complete and sign this form and the Headteacher has agreed that the staff can administer the medication.

Details of pupil:

Surname _____

Forename _____

Address _____

Condition or illness _____

Medication:

Name/type of medication as described on the container:

For how long will your child take the medication: _____

Date dispensed _____

Full directions of use:

Dosage and method _____

Timing _____

Special precautions _____

Side effects _____

Signed _____

Date _____