

Request for group leaders to administer medication

Your child will not be given medicine unless you complete and sign this form, and the Headteacher/Educational Visits Co-ordinator has agreed.

For all prescribed medication, it must come complete in box, with child's name clearly on the printed label. Without this, we are not able to administer.

All details must be filled in.

Details of pupil

Surname:	_____
Forename(s):	_____
Address:	_____ Gender _____
	_____ 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:	_____
Side effects:	_____
Self-administration:	_____
Procedures to take in an emergency:	_____

Please complete second side

Contact details:

Name: _____

Daytime telephone no: _____

Relationship to pupil: _____

Address: _____

I understand that I must deliver the medicine personally to a member of staff on the day of departure and accept that this is a service which the group leaders are not obliged to undertake.

Date:

Signature(s):

Relationship to pupil:

Name (print):

This form is for parents to inform the group leaders about their child's medical requirements.

Please return this form by Wednesday 23rd June 2021 to Mrs James