



**Longhsaw Community Junior School  
Request for Administration of Medication**

**APPENDIX 1**

The school will not give your child medicine unless you complete and sign this form, and a member of the Senior Leadership Team has agreed that school staff can administer the medication.

**DETAILS OF PUPIL**

Full Name \_\_\_\_\_

Year/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 \_\_\_\_\_

**Directions for use**

Dosage and method \_\_\_\_\_

Timing \_\_\_\_\_

Special Precautions \_\_\_\_\_

Side Effects \_\_\_\_\_

Self-Administration \_\_\_\_\_

Procedures to take in an Emergency \_\_\_\_\_

**CONTACT DETAILS**

Name \_\_\_\_\_ Daytime Telephone No \_\_\_\_\_

Relationship to Pupil \_\_\_\_\_

I understand that I must deliver the medicine personally to a member of staff and the medicine must be collected by an adult, and accept that this is a service which the school is not obliged to undertake.

Date \_\_\_\_\_

Signature

