

Request for Churchill School to administer medication



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

Details of Pupil

Surname

Forename (s)

Address M/F

..... Date of Birth

..... Teacher

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

Contact Details

Name Daytime telephone number

Relationship to pupil

Address

I understand that the medication must be delivered to Churchill staff and accept that the administration of medication is a service which the school is not obliged to undertake.

Date Signed

Relationship to pupil