



WELLS PRIMARY SCHOOL

REQUEST TO ADMINISTER MEDICATION

In order for the Head Teacher to consider whether or not they agree with a request for administering medication to your child during the school day it is necessary for you to complete and sign this form.

PUPIL DETAILS:

Forename(s) _____ Surname _____

Class: _____ Date of Birth: _____

Condition of Illness:

MEDICATION:

Name/Type of Medication (as described on the label)

Date dispensed: _____

Date(s) medication should be administered: From: _____ To: _____

FULL Directions of Use: _____

Dosage: _____ Time(s) to be given: _____

For un-prescribed medicine an attempt will be made to call the parent/carer before administering the medication. If they are not contactable the medicine will be given according to the instructions on this form. It is the parent/carer's responsibility to notify the school if their child has been given the medicine before the school day begins.

PARENT/CARER DETAILS:

Forename: _____ Surname _____

Contact Telephone Number(s):

Mobile: _____ Home: _____

Additional Emergency contact:

Name: _____ Number: _____

The above information is accurate to the best of my knowledge. I give consent for the school to administer the medication in accordance with Wells Primary School's policy on administering medication. I will inform the school in writing of any changes to this request.

Signed: _____ Print Name: _____

Date: _____ Relationship to Pupil: _____

Head Teacher's Signature _____