



Request for School to Administer Medication

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

Name of Child:	Class:
Condition or Illness:	
Medication – You must ensure that, in date, properly labelled medication is supplied. Name/Type of Medication (as described on the container)	
Expiry Date:	
Full Directions for use, including period to be taken for Dosage and method:	
From:	To:
NB Dosage can only be changed on a Doctor's instructions	
Are there any side effects that the school needs to know about?	
Self-Administration	Yes/No (Delete as appropriate)
Procedures to take in an Emergency:	
<u>I understand that I must deliver the medicine to school personally and accept that this is a service, which the school is not obliged to undertake</u>	
Full Name:	
Telephone Number in case of emergency:	
Signature:	
Relationship to Child:	
Date:	