



## 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.

### Details of pupil

Surname: _____	
Forename(s): _____	
Address: _____	Gender: _____
_____	Date of Birth: _____
_____	Tutor group: _____
Condition or illness: _____	

### Medication

Name/type of medication (as described on the container): _____
For how long has your child taken and 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 no: \_\_\_\_\_

Relationship to pupil: \_\_\_\_\_

Address: \_\_\_\_\_

I understand that I must deliver the medicine personally to (agreed member of staff) \_\_\_\_\_

and accept that this is a service which the leaders will, but are not obliged to undertake.

Date: \_\_\_\_\_ Signature(s): \_\_\_\_\_

Relationship to pupil: \_\_\_\_\_ Name (print): \_\_\_\_\_