

REQUEST FOR SCHOOL TO ADMINISTER MEDICATION

Please complete and sign this form and return to the school office to give permission for the school to give your child medication.

STUDENT DETAILS

Full Name of Child	
Condition or Illness (If applicable)	
Event	

IF YOUR CHILD **DOES NOT** TAKE ANY MEDICATION – PLEASE TICK THIS BOX:

MEDICATION

Medication 1	Name of Medication (as described on Container/Packaging)	
	Direction for Administration	
	Possible Side Effects	

Medication 2	Name of Medication (as described on Container/Packaging)	
	Direction for Administration	
	Possible Side Effects	

Medication 3	Name of Medication (as described on Container/Packaging)	
	Direction for Administration	
	Possible Side Effects	

Medication 4	Name of Medication (as described on Container/Packaging)	
	Direction for Administration	
	Possible Side Effects	

Parent/Guardian Signature	
PRINT NAME	
Date	



Patron: HRH The Duchess of Edinburgh GCVO



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