

REQUEST FOR SCHOOL TO ADMINISTER MEDICATION*Form for parents to complete if they wish the school to administer medicine***HERMITAGE PRIMARY SCHOOL Head Teacher – Mrs Lorna Jackson**

The school will not give your child medicine unless you complete and sign this form, and school staff agree to administer the medication.

Details of Pupil

Surname:		Forename(s):	
Address:			
Date of Birth:		Gender:	
		Class:	
Condition or Illness:			

Medication 1: Parents **must** ensure that medication supplied is in date and is properly labelled with a Pharmacy or Dispensed label which states:

- Pupil's Name
- Name of medicine
- Dose
- Frequency of administration
- Date of dispensing

Name/type of medication:			
How long will your child take this medication?			
Quantity:			
Full directions for use: <i>Note dosage and method e.g. Oral, Injection, Tube Feed, or other</i> N.B. "As directed" is not acceptable	Method e.g. oral:		
	Time when medicine should be given:		
	Special precautions:		
	Side effects:		
Self Administration:	Yes		No

P.T.O

