



# Princeville Primary School



## Request for school to administer medication

Princeville Primary School & Children Centre will not give your child any medicine unless you complete and sign this form, and the Headteacher has agreed that school staff can administer the medication.

### DETAILS OF PUPIL

Surname..... First Name .....

Address.....  
.....

Child's Date of Birth ..... Class.....

Condition of illness.....

### MEDICATION

Name/Type of medication (as described on the container)  
.....

For how long will your child take this medication .....

Date dispensed ..... Expiry date .....

### FULL DIRECTIONS FOR USE

Dosage and method .....

Timings .....

Special precautions .....

Side effects .....

Self-administration .....

Procedures to take in an emergency .....

### CONTACT DETAILS

Name ..... Daytime Tele No .....

Relationship to pupil .....

Address.....  
.....

***I understand that I must deliver the medicine personally to the agreed member of staff, usually the child's teacher, and accept that this is a service which the school is not obliged to undertake.***

Signed..... Date.....

Relationship to pupil .....