



TRULL SCHOOL
Church of England Voluntary Aided Primary



**Request for school to administer medication
and details of medical conditions**

This form must be completed and signed by a parent / guardian before the school can administer medication. A new form must be completed every time the dosage or timings of medications are changed.

(please print all information clearly)

Pupil Details

Name: Class: DoB: M / F

Address:

.....

Condition or Illness:

Medication

Name / type of medication (as described on container):

.....

Start date: Final dose date:

Full Directions for use

Dosage and method:

Timing:

Special Precautions:

Can child self-administer: Yes No (please appropriate tick)

Procedures in case of an emergency:

.....

.....

Parent / Guardian Details

Name: Contact phone No:

Relationship to pupil:

I understand that the medication must be delivered to the School Office/Head Teacher. It must not be given to the class teacher. Whilst every effort is made to administer the prescribed medicine as stated above, the school cannot accept responsibility if, for whatever reason, the dose is not given.

Signed: Date: