



# Underley Garden

## REQUEST FOR SCHOOL TO ADMINISTER MEDICATION

The school will not give your child any medication unless you complete and sign this form and the Principal has confirmed that a school staff member has agreed to supervise the administration of the medication.

### DETAILS OF PUPIL

Surname

.....

Forename(s)

.....

Address .....

M/F .....

.....

Date of Birth .....

.....

Class .....

Condition or illness

.....

### MEDICATION

Name/Type of Medication (as described on the container)

.....

For how long will your child take this medication

.....

Date dispensed

.....

### FULL DIRECTION FOR USE

Dosage and amount (as per instructions on container)

.....





# Underley Garden

Method

.....

Timing

.....

Special Precautions

.....

Side Effects

.....

Self-Administration

.....

Procedures to take in an Emergency

.....

**Date** ..... **Signature(s)** .....

**Relationship to pupil**

.....

