



## 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.

<b>DETAILS OF PUPIL</b> 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	
<b>FULL DIRECTION FOR USE</b> Dosage and amount (as per instructions on contain	ner)



Underley Garden | Kirkby Lonsdale | Carmforth | Lancs | LA6 2DZ | T 01524 271 569 | F 01524 279 129 | E info@underleygarden.org | www.underleygarden.org | Underley Schools Limited | Registered Office: 1 Merchants Place | River Street | Bolton | BL2 1BX | Registered in England No 03834802







Method
Timing
Special Precautions
Side Effects
Self-Administration
Procedures to take in an Emergency
Date Signature(s)
Relationship to pupil



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