



## Request for a school to Administer medication (AM2)

The school will not give your child medicine unless you complete and sign this form, and the Principal has agreed that staff can administer the medicine.

### **Details of Pupil**

Surname: \_\_\_\_\_

Forename (s): \_\_\_\_\_

Address: \_\_\_\_\_

Gender: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Class: \_\_\_\_\_

Condition or illness: \_\_\_\_\_

### **Medication**

**Parents must ensure that in date properly labelled medication is supplied.**

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

\_\_\_\_\_

Date Dispensed: \_\_\_\_/\_\_\_\_/\_\_\_\_

Expiry date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_

**Full Directions for use**

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Dosage and Method: \_\_\_\_\_

Timing: \_\_\_\_\_

Special Precautions: \_\_\_\_\_

Self Administration:     Yes / No

Procedures in Case of an Emergency:

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I understand that a parent/guardian, or an authorised adult, must deliver the medicine to a member of staff and accept that this is a service which the school is not obliged to undertake.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Relationship to pupil: \_\_\_\_\_

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