



**Request for School to Administer Medication**  
**Section A – Parent / Guardian**

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

**Name:** \_\_\_\_\_ **Male/Female** **D.O.B:** \_\_\_\_\_ **Class:** \_\_\_\_\_

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

**Condition or Illness:**

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**Name of Medication (as described on the container):** \_\_\_\_\_

**For how long will your child take this medication?** \_\_\_\_\_

**Dosage & Method:** \_\_\_\_\_

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

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

**Side Effects:** \_\_\_\_\_

**Procedures to take in an emergency (if any):**

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I understand that I must deliver the medicine personally to (agreed member of staff) and accept that this is a service which the school is not obliged to undertake.

**Signed:** \_\_\_\_\_ **Please Print:** \_\_\_\_\_

**Relationship to Pupil:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Phone Numbers:** \_\_\_\_\_ / \_\_\_\_\_

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**Section B – Headteacher/ Deputy/Assistant Headteacher**

**Confirmation of the Headteacher's/ Teacher with leadership responsibility's**  
**Agreement to Administer Medication to the above named child**

**Signed:** \_\_\_\_\_ **Mr Griffiths / Miss Roberts**

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