

Baden-Powell and St Peter's CE Junior School



Request for School to Administer Medication and also Self-Administration by Pupil

Please note:

- This includes all forms of medicines, tablets, inhalers etc.
- This form is for parents to complete if they wish the school to administer medication or if they wish their child to administer his/her own medication.
- The school will not give your child medicine unless you complete and sign the form and the Headteacher has agreed that school staff can administer the medication or supervise your child when he/she is taking medication.

SECTION ONE: for completion by the parent/guardian

Name of pupil: Class:

Condition or illness:

Name of Medication (as described on the container):

Full directions of use:

How much:

When:

Length of course / last date for medication to be taken:

Special Instructions (eg with or without food):

Are you happy for your child to take this medication by him/herself?

I understand that I must deliver the medication personally to the office and accept that this is a service which the school is not obliged to undertake.

Signature:

Relationship to pupil: Date:

SECTION TWO: for completion by the school

Confirmation of the Headteacher's Agreement to Administer Medication

I agree that (name of child) will receive medication as directed above.

Signed: Headteacher

Date: