

## Request for group leaders to administer medication

**Your child will not be given medicine unless you complete and sign this form and the Headteacher/Educational Visits Co-ordinator has agreed.**

**This form must be completed by the child's parent/guardian.**

### Details of pupil

Surname: _____	
Forname(s): _____	
Address: _____	Gender: _____
_____	Date of Birth: _____
_____	Tutor group: _____
Condition or illness: _____	
_____	

### Medication

Name/type of medication (as detailed on the container): _____
For how long has your child taken and for how long will your child take, this medication? _____
Date dispensed: _____
Full directions of use: _____
Dosage and method: _____
Timing: _____
Special precautions: _____
Side effects: _____
Self-administration: _____
Procedures to take in an emergency: _____
_____

## Contact details

Name: (Print) \_\_\_\_\_

Daytime telephone no: \_\_\_\_\_

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

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

\_\_\_\_\_

I understand that I must deliver the medicine personally to (agreed member of staff) \_\_\_\_\_

\_\_\_\_\_

and accept that this is a service which the leaders will, but are not obliged to undertake.

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

Relation