



Parent/Guardian request to administer medication

Name of child

FormDate of Birth.....

Known condition or illness

Name/type of medication (as described on the container)

Name of prescribing doctor & phone no.

For how long will your child take this medication?

Date dispensed

Method of storage

Expiry date.....

Dosage & method

Timing

Special precautions

Side effects

Procedures to take in an emergency.....

Any other instructions

I understand that I must deliver the medicine personally to either Andrew Forbes or Andrew Morrison upon drop off in the morning and accept that this is a service which the school is not obliged to take. The above information is accurate to the best of my knowledge at the time of writing and I give consent to the school to administer the medication in accordance with the School's policy. I will inform the School in writing of any changes to the above information.

Signed

Name

Relationship to pupil

Date