



# Pound Hill Junior School

## REQUEST FOR SCHOOL TO ADMINISTER MEDICINE

The school will not give any child medicine unless a parent of carer has completed and signed this form, and the school has agreed to administer the medicine within current policy guidelines. The school will only administer prescribed medicine which has been brought to school in the original pharmacist's container clearly labelled with the dose and possible side effects.

Child's name		
Date of Birth		
Class		
Medical condition or illness		
Name and phone number of GP		
Name of Medicine (as described on the container)		
Date dispensed		
Expiry date		
Agreed review date (initialled by member of staff)		
Dosage and method		
Timing		
Special Precautions		
Are there any side effects that the school need to know about?		
<b>Procedure to take in an emergency</b>		
Contact details		
Name		
Daytime telephone number		
Relationship to child		
Address		

I understand that it is my responsibility to deliver and collect the medicine personally

I accept that this is a service that Pound Hill Junior School is not obliged to undertake and that I must notify the school of any changes in writing.

Signature (s) \_\_\_\_\_

Date \_\_\_\_\_