



**Administration of Medication to Pupil
Parental Request Form**

Full name of Pupil.....
Date of birth.....
Year group.....
Reason for medication.....

Details of Medication

Name of medication.....
Dose and administration method.....
Duration.....
Timing.....
Procedures to be taken in case of emergency.....

Contact Details

Name of parent/guardian.....
Full address.....
Telephone number(s).....
Relationship to student.....

I hereby request that the School administers this medication as prescribed by our own GP. I understand that the medication must be provided in a pharmacy-labelled container with my child's name, date of birth and full prescription details and that the onus is on my child to present himself to the Medical Centre at the right time so that the medication can be administered.

Signature..... Date

