

**PARENT REQUEST FOR SCHOOL TO ADMINISTER MEDICATION**

The school cannot give you child medicine unless you complete and sign this form, and the Principal has agreed that school staff can administer the medicine.

<b>Name of Pupil:</b>	<b>Class:</b>
<b>Contact Telephone Number:</b>	
<b>Condition or Illness:</b>	
<b>Medication:</b>	
<b>Name/Type of Medication (as described on the container):</b>	
<b>Date Dispensed:</b>	
<b>How long will your child take this medication?:</b>	
<b>Full Directions for use:</b>	
<b>Dosage:</b>	
<b>Timing (How Often):</b>	
<b>Method (Oral/External/Etc):</b>	
<b>Any particular problems with administration?</b>	
<b>Side Effects:</b>	

I will ensure that the class staff are made aware of the medicine being in school.

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

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Relationship to Child:** \_\_\_\_\_

Please complete another form if any of the above information changes.



**NB:** Children under the age of 16 should not be given aspirin or medicines which contain Ibuprofen, unless prescribed by a doctor. Therefore, if you wish your child to take Ibuprofen in school, please could you ask your doctor for a prescription and then send the Ibuprofen into school with the chemist's sticker on the original box/bottle.

The Principal reserves the right to withdraw this service.

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