



**Form MED 1
REQUEST FOR SCHOOL TO ADMINISTER PRESCRIBED MEDICATION**

Trowse Primary School will not give your child medicine unless you complete and sign this form, and the Headteacher has agreed that school staff can administer the medication.

PUPIL DETAILS

Name :	Class/ Form :
Address :	Date of Birth :
	Condition/ Illness :

MEDICATION

Name of Medicine	Duration of Course	Dosage and Method	Timing	Self-Administer (Y/N)	Date prescribed

Side effects from medication :	
Emergency Procedures :	

CONTACT DETAILS

Name :	GP : Phone No :
Relationship :	
Home Tel No :	
Work Tel No :	
Mobile Tel No :	

I understand that I must deliver the medicine personally to (agreed member of staff) and accept that this is a service which the school is not obliged to undertake.

I confirm that my child's doctor has stated it is necessary for the medication to be taken during school hours.

Signed (Parent / Carer)

Relationship to child

Date