Castle Camps C of E (VC) Primary School
Request for School to Administer Medication – Kingswood 3rd – 5th June, 2015

The 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.

DETAILS OF PUPIL

Surname ----------

Forename(s)----------

Address ---------- M/F ----------

---------- Date of Birth ----------

---------- Class ----------

Condition or illness ----------

MEDICATION

Name/Type of Medication (as described on the container) ----------

For how long will your child take this medication? ----------

Date dispensed ----------

Full Directions for Use

Dosage and Method ----------

Timing ----------

Special Precautions ----------

Side Effects ----------

Self Administration ----------

Procedures to take in an Emergency ----------

CONTACT DETAILS

Name ---------- Daytime Tel.No. ----------
Relationship to Pupil ----------
Address ----------

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

CALPOL - I do/do not give permission for my child named above to have Calpol administered to them if School staff deem it to be necessary.

Signed ---------- Date ----------