

Request for Academy to Administer Medication

The Academy will NOT GIVE your child medicine unless you complete and sign this form, and the Principal has agreed that academy staff can administer the medication.

DETAILS OF STUDENT

Surname Community/Tutor Group
Forename(s)..... M/F..... Date of Birth
Address
.....
.....
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 Telephone No.....
Relationship to Student.....
Address.....
.....

I understand that I must deliver the medicine personally to Student Services and accept that this is a service which the academy is not obliged to undertake.

DateSignature(s)
Relationship to Student