



Request to administer medication

Child's name, DOB & class	
Name of parent/carer	
Telephone	Home: Work: Mobile:
Name and type of medication Inhaler? Tablets? etc	
Prescribing doctor and contact details	
Dosage (how much to give) Time when it should be administered	
How it is administered Orally? Eye drops? etc	
How it should be stored? Does it need refrigeration?	
Any side affects? Precautions? Special instructions?	

Any other important information:

The above information is accurate to the best of my knowledge at the time and I give consent to the school to administer the medication in accordance with the school policy. I will inform the school in writing of any changes to the above information.

Signature of parent/carer _____ Date _____

Accepted by _____ Date _____

Signature of Assistant/Head Teacher _____ Date _____

