

**HORNBY ST MARGARET'S C OF E PRIMARY SCHOOL  
PARENTS AND CARERS - ADMINISTRATION OF MEDICINE**

The school will not give your child any medication 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): .....

Condition or illness: .....

**MEDICATION**

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

For how long will your child take this medication: .....

Date dispensed: .....

Prescribed medicine / Over the counter:

**FULL DIRECTIONS FOR USE:**

Dosage and amount (as per instructions on container): .....

Method: .....

Timing: .....

Special Precautions: .....

Side Effects: .....

Storage Instructions: .....

Procedures to take in an Emergency: .....

**CONTACT DETAILS:**

Name: ..... Daytime Telephone No: .....

Relationship to Pupil: .....

Address: .....

I understand that I must deliver the medication personally to the OFFICE and accept that this is a service which the school is not obliged to undertake.

Date: ..... Signature(s): .....

Relationship to pupil: .....