



REQUEST FOR SCHOOL TO ADMINISTER MEDICATION

Form to be completed by parents if they wish the school to administer medication

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

Child's Name: _____ Class: _____

Condition of 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: Yes ./ No

Procedures to take in an emergency: _____

CONTACT DETAILS

Name: _____

Daytime telephone no: _____

I understand that I must deliver the medicine personally to the Office and accept that this is a service that the school is not obliged to undertake.

Date: _____

Signature(s): _____

FORM OF INDEMNITY

We (Name)

Of (Address)

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being the parents of
agree to indemnify North Somerset Council, St Francis School and its employees
against any claim howsoever arising as a result of the Authority's agreeing to
administer drugs to our son/daughter or any other
medication supplied by us to the Headteacher of St Francis Catholic
Primary School

Signature of Parent(s)

Date: