



**Headteacher: Mrs S Ahmad**

**Tel: 01908610431**

The school will not give your child medication unless you complete and sign this form, and the Headteacher has agreed that the school staff can administer the medication.

**Details of Pupil**

Surname: .....

Forename(s):.....

Address: ..... M/F: .....

..... Date of Birth: .....

..... Class: .....

Condition of illness: .....

**Medication**

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

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

Date dispenses: .....

**Full directions for use**

Dosage and method: .....

Time: .....

**Contact details**

Name: ..... Daytime tel no: .....

Relationship to pupil: .....

I understand that I must deliver the medicine personally to a member of staff and accept that this is a service which the school is not obliged to undertake. The school will not be held responsible for failure to administer medication.

Signature(s): ..... Dated: .....