



Pembrokeshire County Council

## Request for School to Administer Medication

### TAVERNSPITE CP SCHOOL

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

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#### PUPIL DETAILS

Surname: \_\_\_\_\_ Forename: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Class: \_\_\_\_\_

Condition or illness: \_\_\_\_\_

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#### 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 Tel No: \_\_\_\_\_

Relationship to Pupil: \_\_\_\_\_

Address: \_\_\_\_\_

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I hereby give permission for the Head Teacher or nominated person to administer medicine to my child.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Pupil: \_\_\_\_\_

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Notes: \_\_\_\_\_

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