

GLENDOWER SCHOOL
Request to School regarding medication

The School will not supervise your child taking medicine unless you complete and sign this form. Your child will administer her own medicine, but will be supervised. Staff will not administer medicine and are not responsible for ensuring that it is taken at the correct time. It is the responsibility of the parent to note the date when the medication expires, and to ensure the replacement is given to the school.

DETAILS OF PUPIL

Surname:

Forename:

Address:

DOB:

Class:

CONDITION OR ILLNESS:

MEDICATION

Name/Type of medication as described on container:

For how long will your child take this medicine:

Date Dispensed:

.....

DIRECTIONS FOR USE

Dosage and method:

Timing:

Special precautions:

Side effects:

.....

Procedures to take in an emergency:

CONTACT DETAILS

Name:

Tel No:

Relationship to pupil:

Address:

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

Signature:

Date: