



**Request for School to Administer Medication**  
**LAURISTON PRIMARY SCHOOL**

The school will not give your child medicine 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: .....

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

..... DoB .....

..... Class/Form .....

Condition or 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: .....

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

**Contact Details**

Name:.....

Relationship to Pupil: ..... Daytime Phone No. ....

Address:.....

I understand that I must deliver any medicines personally to \*.....and accept that this is a service that the school is not obliged to undertake.

Name..... Date .....

Signature..... Relationship to Pupil .....