



## **MEDICATION REQUEST FORM**

Name of pupil

--

Date of birth

--

Class

--

Medical condition or illness

--

### **Medicine**

Name/type of medicine  
(as described on the container)

--

Expiry date of medication

--

Dosage and method

--

Completion date of course (if known)

--

Frequency/time medication to be given

--

Special precautions/other instructions

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Are there any side effects that the school  
needs to know about? If so, give details

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Self-administration

Yes / No

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**Medicines must be in the original container as dispensed by the pharmacy**

### **Parent/Carer Contact Details**

Name

--

Daytime telephone number

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Relationship to child

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The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

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

**Record of medicine administered to a pupil**

<b>Teacher/LSA advised that medication in school along with dates and frequency/times to be given</b>			
<b>Date</b>	<b>Time</b>	<b>Dose</b>	<b>Staff Initials</b>
<b>Medication sent home on completion of course</b>			