



KIND MOTIVATED SUCCESSFUL

King's Meadow School

Request Form – Administering of Medication

At King's Meadow School we will only administer medication prescribed by a doctor. We will not give your child medicine unless you complete and sign this form, and the Headteacher has agreed that the school office staff can administer the medication.

DETAILS OF PUPIL

Surname: _____ Forname(s): _____

Date of Birth: _____ Class: _____

Address: _____

Condition or illness: _____

MEDICATION

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

For how long will your child take this medication (date of last dose of medication at school): _____

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 Telephone No: _____

Relationship to child: _____

Address: _____

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

Date: _____ Signature: _____

Please note that this form is part of the Health & Safety Guidelines for the procedure in administering medication within schools. For further advice visit www.oxfordshire.gov.uk

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