REQUEST FOR LATHALLAN TO ADMINISTER MEDICATION

This form is for parents to complete if they wish the school to administer medication. The school will not give your child medicine unless you complete and sign this form the Headmaster has agreed that the school can administer the medication.

DETAILS OF PUPIL

Surname:……

Forename(s):…….

Date of Birth:……

Medical Condition/illness:……

MEDICATION

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

…….....

For how long will medication be required:……

Date Dispensed:……

Expiry Date: …….

NOTE:MEDICINES MUST BE IN THE ORIGINAL CONTAINER AS DISPENSED BY THE PHARMACY.

FULL DIRECTIONS FOR USE:

Dosage and method:…….

Timings:…….

Special Precautions:……..

Side Effects:……..

Self Administration: Yes/No

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

I understand that I must deliver the medicine personally to a member of staff at Lathallan School and accept that this is a service which the school is not obliged to undertake. I understand that I must notify the school of any changes in writing.

Date:……. Signature:……..

Relationship to pupil:……