Aberdeenshire COUNCIL

FORM 1: REQUEST FOR SCHOOL TO ADMINSTER 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 and the Head teacher has agreed that school staff can administer the medication.

DETAILS OF PUPIL

Surname: _____

Forename: _____

Address: _____

_____

Postcode: _____

Male/Female **Date of Birth:** _____ **Class:** _____

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: **YES/NO**

Procedures to take in an Emergency: _____

CONTACT DETAILS

Name: _____ **Daytime Telephone No:** _____

Relationship to Pupil: _____

Address: _____

_____

I understand that I must deliver the medicine personally to (agreed member of staff) and accept that this is a service which the school is not obliged to undertake.

Date: _____ **Signature(s):** _____

Relationship to the Pupil: _____