



The Edith Borthwick School

REQUEST FOR THE SCHOOL TO ADMINISTER MEDICATION

DETAILS OF PUPIL/STUDENT

Surname:

Forename(s):

Address:

Male/female:

Date of Birth:

Class:

Condition or illness:

MEDICATION

Name/type of medication (as described on the container):

For how long will your son/daughter 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:

Please turn over/.....

Does your child have any food allergies *Yes/No
*delete as appropriate

They are as follows:

.....
.....
.....
.....

CONTACT DETAILS:

Name:

Daytime telephone numbers:

.....

Mobile:

.....

Relationship to pupil/student:

Address:

.....

.....

.....

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

Signature(s):

Relationship to pupil/student:

Date:

.....