

KING DAVID PRIMARY SCHOOL

Form for parents/ carers to complete if they wish the School to administer medication. The school will not give your child any medication unless you complete and sign this form and the Headteacher has confirmed that school staff have agreed to administer the medication.

DETAILS OF PUPIL:

Surname:		Forename:	
Address:			
M/F:	Date of Birth:	Class:	
Condition of 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 amount (as per instructions on container:
Method:
Timing:
Special Precautions:
Side Effects:
Self Administration:
Procedures to take in an Emergency:

CONTACT DETAILS:

Name:	Daytime Tel No:
Relationship to Child:	
Address:	

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

Signed: _____ Date: _____