

FORM SIX

Form for parents to complete if they wish the school to administer medicine

The school will not give your child medicines unless you complete and sign this form, and the Head Teacher has agreed that school staff can administer the medicine

Pupil Details

Surname: Forename(s)

Signature of Pupil

Address

.....

1. Date of Birth M F

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 method

.....

Timing

Culter Primary School
MEDICATION IN SCHOOL FOR PUPILS

Special precautions

.....

Side effects

.....

.....

Self-Administration

.....

Procedures to take in an Emergency

.....

.....

**Parents must ensure that in date properly labelled medication is supplied.*

Contact Details

Name

Daytime telephone number

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.

Signature(s) **Date** / /

Relationship to Pupil