



The BAWB Federation
 Bainbridge, Askrigg, and West Burton Primary Schools
Mid-Dale Excellence in Education
 Executive Headteacher: Miss Charlotte L. Harper

REQUEST FOR SCHOOL TO ADMINISTER MEDICATION

NB Medication must be in the original container as dispensed by the pharmacy.

The school is unable to give your child medicine unless you complete and sign this form, and the Headteacher has agreed that school staff can administer the medication.

Section 1: Pupil details

Forename		Surname	
Date of Birth		Date of Birth	
Address			

CONDITION/ILLNESS

--

MEDICATION

Name/Type of medication (as described on the container)	
For how long will your child take this medicine?	
Date dispensed	
Full directions for use:	
Dosage and method	
Timing	
Storage (e.g. in the fridge)	
Special precautions	
Side effects	
Self-administration (can the child take it themselves under supervision?)	
Procedures to be taken in an emergency	

CONTACT DETAILS

Name	
Daytime telephone number	

I understand that I must deliver the medicine personally to my child's teacher and accept that this is a service that the school is not obliged to undertake.

Signature:	Date:
------------	-------