

**REQUEST FOR SCHOOL TO ADMINISTER MEDICATION**

<b>Pupil's Name</b>	
<b>Class Teacher/Year</b>	
<b>Address</b>	
<b>Condition/Illness</b>	
<b>Name/Type of Medication</b>	
<b>No of days to administer medication</b>	
<b>Date treatment started</b>	
<b>Dosage and frequency</b>	
<b>Timing</b>	
<b>Additional Instructions (before/after food)</b>	
<b>Storage Instructions</b>	
<b>Possible side effects</b>	

**EMERGENCY CONTACTS**

<b>Name</b>	
<b>Relationship to pupil</b>	
<b>Telephone Nos</b>	

I understand that I must deliver the medicine personally to the school office. I accept that the school has a right to refuse to administer medication.

**Name:** .....

**Relationship to child:** .....

**Signed:** .....

**Date:** .....