

## REQUEST FOR BANWELL SCHOOL TO ADMINISTER MEDICATION

The school will not give your child medicine unless you complete and sign this form.

### DETAILS OF PUPIL

<b>Surname</b>	
<b>Forename</b>	
<b>Date of Birth</b>	
<b>Year Group &amp; Class</b>	
<b>Condition of illness</b>	

### MEDICATION

<b>Name of Medication</b>			
<b>Date dispensed</b>		<b>Expiry Date</b>	
<b>Dosage</b>		<b>Time(s) to be taken</b>	
<b>Duration of Medication</b>		<b>Last day of Medication Due</b>	
<b>Special precautions (if any)</b>			
<b>Procedures to take in an emergency</b>			

### CONSENT

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

<b>Name</b>	
<b>Relationship to pupil</b>	
<b>Signed</b>	
<b>Date</b>	

### RECORD OF MEDICATION ADMINISTERED

[illegible]
