

Notre Dame du Rosaire Catholic Primary School

Request for the school to administer medication

In accordance with the Education Department's procedures for the administration of medicines in educational establishments, parents must complete this form if they wish the school staff to administer medication.

Pupil details: Name of pupil: _____ Date of birth: _____ School year and class: _____ Address: _____	
Medication details: Medical condition or illness: _____ Name/type of medication as described on the container: _____ For how long will your child take this medication? _____ _____	
Name of prescribing doctor: _____	
Ful directions for use: Dosage and method: Timing: Special precautions or side effects: Is your child able to self-administer this medicine: Procedures to take in an emergency: 	
Contact details: Name: _____ Daytime or mobile number: _____ Relationship to pupil: _____	
I understand that I must deliver the medicine personally to a member of staff and accept that this is a service which the school is not obliged to undertake. Signed: _____ Date: _____	