



Request for the School Medication Team to Administer Medication

School Staff will not give your child any medication unless you complete and sign this form.

Name of Child	
Address	
Your Name	
Contact Number	
Relationship to Child	

Medication and Strength	Time	Dose	Full Instructions for Use

MEDICATION MUST NOT BE PUT INTO CHILDREN'S SCHOOL BAGS.

I understand that I must give all medication directly to the Teacher or School Reception to then be passed to the Medication Team. The only exception to this is emergency medication including antibiotics.

A Prescription may be sent in with the child to be passed to the Medication Team as above.

I consent to the School Medication Team giving the above medicines to my child.

Signature:

Date: