



**Form M5**

**Request to school for administration of prescribed medication**

The school will not give your child medicine, or allow self-administration of medication, unless you have completed and signed this form, and school have given you a photocopy of this form.

**DETAILS OF PUPIL**

Surname  Forename

Condition or illness

Class/Form

**MEDICATION**

Medication/Type of Medication (as described on the container)

How long will your child take this medication:

Date dispensed

Medication expiry date

**Full directions for use:**

Dosage and method  Timing

Special Precautions

Side Effects

Who will keep the medication? School  Pupil

Self Administration Yes  No

Procedures to take in an Emergency:



**CONTACT DETAILS**

Family Contact 1		Family Contact 2	
Name		Name	
Phone No (work)		Phone No (work)	
Home		Home	
Mobile		Mobile	
Relationship		Relationship	

**I understand that I must deliver the medicine personally to (agreed member of staff) and accept that this is a service which the school is not obliged to undertake.**

Date  Relationship to pupil

Signature(s)

**It is agreed that \_\_\_\_\_ (name of the child) will receive the medication detailed above.**

**The arrangement will continue either to the end of the course or treatment or until instructed by parents/carers.**

Name: \_\_\_\_\_ (Member of Staff)

Signed: \_\_\_\_\_

Date; \_\_\_\_\_