



ST. MICHAEL'S C.E. (AIDED) PRIMARY SCHOOL

Request for School to Administer Medicine During the School Day

Name of child Class

Medical Condition/illness

Medicine

Name/Type of Medicine

Does this medicine need to be kept in a fridge?

Expiry Date

Dosage

Quantity

Method

Timing (this cannot be guaranteed)

For how many days do you wish the medicine to be administered

Special precautions

Are there any side effects that school should know about?

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Parent/Carer Contact Details

Name

Daytime telephone number

Relationship to child

I understand I must deliver the medicine to the school office.

I accept that this is a service that school is not obliged to undertake.

I accept that school will dispose of any medicine not collected by parents, once the treatment period has expired.

Date: Signature