

**Beaucroft foundation School**  
**Parents request for administering medication at school form**



**Form for parents to complete if they wish the school to administer medication or enable pupils to administer own medication.**

Pupil name: ..... Date of Birth: .....

Name of Medication: .....

For how long will your child be taking this medication? .....

Condition or illness:  
.....

**Full directions for use: -**

Dose and method:.....

Time of dose: (eg lunchtime) .....

Is your child going to self-administer? .....

Special Precautions:.....

Side Effects: .....

Procedures to take in an emergency:.....  
.....

**Doctor's Details:**

Doctor's Name: .....

Doctor's Address: .....

Doctor's Telephone: .....

I will deliver the medicine to my child's tutor, in the original packaging (with prescription details printed on).

I will inform the school if the medication changes.

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

Parent/Carer signature: .....Date: .....

Headteacher signature: .....Date: .....