

REQUEST FOR A SCHOOL STAFF TO ADMINISTER MEDICATION

The school staff cannot give your child medicine unless you complete and sign this form.

CHILD'S DETAILS

NAME: _____

ADDRESS: _____

_____ TEL: _____

DATE OF BIRTH: _____ MALE/FEMALE: _____

MEDICATION

Medication	Time	Dose	Full directions for use

I understand that I must inform the transport escort that medicines are being transported to school

I consent to school staff giving the above medication to my child.

Has your child any allergies YES/NO What is your child allergic to? _____

Signature: _____ Date: _____

Relationship to pupil: _____