



WESTWOOD WITH IFORD SCHOOL REQUEST FOR MEDICINE ADMINISTRATION

The School will not give your child medicine unless you complete and sign this form

Surname		Forename	
Date of Birth		Class	
Condition of Illness			
MEDICATION:			
Name/Type of Medication (as described on the container)			
For how long will your child take this medication?			
FULL DIRECTIONS FOR USE:			
Dosage and Method			
Timing			
Time of last dose before school			
Precautions (if any)			

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

Date:

Parent/Carer Signature

For School Use

Date	Time	Medication	Dose	Signature