



**REQUEST TO ADMINISTER MEDICATION FORM**  
**(Please note a separate form MUST be completed for each medicine to be administered)**

This form must be completed by parents/guardian. The school will not give your child medicine unless you complete and sign this form. The school has a policy that staff can administer medicine.

Name of Student		
Tutor group		
Name of Parent/Guardian		
Address		Emergency number
Medical condition or illness		
<b>MEDICINE</b>		
Name of Medication ( as described on the container)		
Date dispensed		Expiry Date:
Name of Prescriber and contact details		
Quantity of medication to be administered		
Administration details (How much and how often)	How much	Timings
Procedures to be taken in an emergency		
Special precautions		
Further Information <ul style="list-style-type: none"> <li>Are there any side effects that the school needs to know about?</li> <li>Self-Administration Yes/ No (delete as appropriate)</li> </ul>		
<p>The above information is accurate to the best of my knowledge at the time of writing. I give consent to Thomas Keble School to administer the medication in accordance with the school policy. I will inform the school immediately in writing of any changes to the above information. I accept that this is a service that the school is not obliged to undertake. I understand that I must deliver the medicine personally to the school reception.</p> <p>Parent/Guardian Signature: .....</p> <p>Date: .....</p>		