REQUEST FOR THE SCHOOL NURSING SERVICE /SCHOOL STAFF TO ADMINISTER MEDICATION.

The School Nursing staff or school staff will not give your child any medication unless you complete and sign this form.

CHILD / YOUNG PERSON'S DETAILS:

NAME ……..……..

ADDRESS …….……

……TEL: ……

DATE OF BIRTH ……..……NHS NUMBER……..……MALE/FEMALE
Please Circle

ALLERGIES…….

PAGE ….. of …..

Medication and Strength	Time	Dose	Full directions for use

I understand I must give the medication to the transport escort for them to sign in to the nursing team at school. Medication must not be put in children's school bags.

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

Name:
Signature:
Date:
Relationship to pupil: