



ALDINGTON PRIMARY SCHOOL
MEDICAL FORM

Request for school to administer medication

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

DETAILS OF PUPIL

Surname		Forenames	
Class		Date of birth	
Condition or nature of illness			

MEDICATION

Name/type of medication (as described on container)	
For how long will your child take this medication?	

FULL DIRECTIONS FOR USE

Dosage and method	
Timing	
Side effects	
Notes	

I understand that I must deliver the medicine personally to the member of staff responsible (usually the Headteacher or Secretary) and accept that this is a service which the school is not obliged to undertake.

Date _____ **Signature** _____

Relationship to pupil _____

