



Pitsford School

Opportunity | Excellence | Understanding

REQUEST FOR SCHOOL STAFF TO ADMINISTER MEDICATION

Surname			
Forename(s)			
Address			
Date of Birth		Class	
Condition or illness			
MEDICATION			
Name and type of medication (as described on the container)			
How long will your child take this medication?			
Use by Date	Name and contact details of prescribing Doctor:		
FULL DIRECTIONS FOR USE			
Dosage and Method		Timing	
Special Precautions			
Side Effects			
Self Administration	Yes/No		
Procedures to take in an Emergency			
I understand that I must deliver the medicine personally to the Senior School Office and accept that this is a service which Pitsford School is not obliged to undertake			
Signature:		Date:	

Medication not administered will be disposed of. All medication must be within its stated use by date.

If the medication is to be kept cool then a cool bag must be provided by you.