

## Request Form for the Administration of Medicines/Treatment in School

Please note:

The school is not obliged to administer medication nor are its staff trained to do so. However it is happy to undertake this on your behalf. Neither the school nor individual members of staff take responsibility for any adverse reaction to any medication administered.

Child's Name ..... Class .....

Condition requiring medication .....

Name of Medicine	Dose (For Inhalers, number of inhalations)	Times to be taken	Completion date of course if known	Expiry date of medicine

**Special Instructions:**

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I request that medicines/treatment be given to my child as directed, or in the case of an emergency, as staff consider necessary, and accept that the following conditions apply:

- The medicine will be brought to school by a parent and delivered to the school office.
- The medicine will be clearly labelled with contents, owner's name and dosage.
- The timing and nature of the administration is not of vital importance.
- Failure to administer the medicine will not result in serious consequences.

Signed: ..... Date .....