Toft Hill Primary School
Toft Hill
BISHOP AUCKLAND
Co. Durham
DL14 0JA

Head Teacher: Mrs. J. Stobbs
Deputy Head Teacher: Mrs. L. Nesbitt

Tel: 01388 832393
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website: www.**tofthill**.durham.sch.uk

REQUEST FOR SCHOOL TO ADMINISTER MEDICATION

The school will not give your child medicine unless you complete and sign this form, and the Head Teacher has agreed that school staff can administer the medicine

Details of Pupil

Surname _____ Forename(s) _____

Address _____

_____

Date of Birth ___/ ___/_____ M ☐ F ☐

Class _____

Condition or illness _____

_____

Medication

Parents must ensure that prescribed, in date, properly labelled medication is supplied.

Name/Type of Medication (as described on the container)

_____

Date dispensed _____

Expiry Date _____

Full Directions for use:

Dosage and method

_____

_____

_____

NB Dosage can only be changed on a Doctor's instructions

Timing _____

Special precautions _____

Are there any side effects that the School needs to know about?

_____

_____

Procedures to take in an Emergency

_____

_____

_____

Contact Details

Name _____

Phone No: (home/mobile) _____

(work) _____

Relationship to Pupil

Address

I understand that I must deliver the medicine personally to _____ (agreed member of staff) and accept that this is a service, which the school is not obliged to undertake. I understand that I must notify the school of any changes in writing.

Signature(s) _____ **Date** _____

The original should be retained on the school file.