

# MEDICATION

## Request for school to administer medication:

Please complete the full form each time the medication is handed in (even if repeated), sign and return it to The Collett School, so medicine can be administered to your child by a trained First Aider.

Full Name of Pupil ..... Class .....

Address ..... Date of Birth ...../...../.....

Illness/Condition .....

Name of Drug ..... Strength of Drug .....

Date dispensed ...../...../..... Dosage and method .....

End date to stop administration of medication .....

What time to administer .....

Side effects .....

Special precautions .....

Any other instructions .....

## Medication received into school:

Number of tablets / ml received	Signature of responsible person handing over drugs	Signature of designated person receiving drugs into school	Signature of class member
	Print Name	Print Name	Print Name

## Contact details:

Name ..... Relationship to pupil .....

Daytime Phone Number .....

Signature ..... Date ...../...../.....