

# Request for Barlow School to administer medication

**PLEASE NOTE:** We will not give your child medicine unless you complete and sign this form.

## DETAILS OF CHILD:

Surname: ..... Forename(s):.....

Address:..... M/F

..... Date of Birth:.....

## Condition or illness:

MEDICATION:.....

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

For how long will your child take this medication:.....

Date dispensed:.....

## Full directions for use:

Dosage and method:.....

Timing:.....

## Special Precautions:

Side Effects:.....

Self Administration:.....

Procedures to take in an Emergency:.....

**CONTACT DETAILS:**

Name: ..... Daytime Telephone No:.....

Relationship to child:.....

Address:.....

.....

I understand that I must deliver the medicine personally to a member of staff and accept that this is a service which Barlow School is not obliged to undertake.

Date: ..... Signature:.....

Relationship to child:.....

.....  
**Confirmation that Barlow School will agree to administer medication**

I agree that ..... (Name of child) will receive ..... (quantity and name of  
medicine) every day at ..... (time medicine to be administered).

..... (Name of child) will be given/supervised whilst he/she  
takes their medication by ..... (Member of staff). This arrangement will continue until.....

Date:.....

Signed:.....