



Harlington Upper School

Headteacher
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REQUEST FOR SCHOOL TO ADMINISTER MEDICATION

The school will not give your child medication unless you complete and sign this form and provide it in the original container (as dispensed by a pharmacist if prescribed), including instructions for administration, dosage and storage. The medication must be in date.

DETAILS OF PUPIL

Surname: Forename(s):
Address: M/F:
..... Date of Birth:
..... Form:
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/Frequency:
Special Precautions:
Side Effects:
Self Administration:
Procedures to take in an emergency:

CONTACT DETAILS

Name: Relationship to Pupil:
Daytime Telephone No(s):
Address:

I accept that this is a service which the school is not obliged to undertake.

I understand that my child must report to the Student Reception to take the medication – it is not the responsibility of the office staff to collect or remind my child.

I am responsible for recording the expiry date of this medication and replacing it if necessary.

Signed: Date:

