



Highdown School and Sixth Form Centre

REQUEST FOR SCHOOL TO ADMINISTER MEDICINE

The school will not give your son/daughter medicine unless you complete and sign this form, and the Headteacher has agreed that school staff can administer the medication. ALL MEDICINES MUST BE IN THE ORIGINAL PACKAGING. If necessary, ask your doctor to issue a 'split prescription'. Please provide medication for use in school in separate packages from that used at home.

DETAILS OF STUDENT			
Surname		Forename	
Address			
Date of Birth		Mentor Group	
Condition or Illness		Male/Female	
MEDICATION			
Name/Type of medication (as described on the container)			
How long will the student take this medication			
Date Dispensed			
Full Directions of Use			
Dosage and method			
Timing		Self Administered	YES/NO
Special Precautions			
Side Effects			
CONTACT DETAILS			
Name			
Relationship to student		Phone Number	
Address			

I understand that I must deliver the medicine personally to the First Aider and accept that this is a service which the school is not obliged to undertake.

Date Signed