



# Offley Endowed Primary School Medical Conditions

**Policy No:** POL-Med Cond  
**Issue:** 2  
**Review:** Jan 2021

Med1 Form November 2019

## REQUEST FOR SCHOOL TO ADMINISTER MEDICATION

The school will not give your child medicine unless you complete and sign this form, and it has been agreed by the Headteacher or Deputy that school staff can administer the medication.

### DETAILS OF PUPIL

Surname: .....

Forename(s): .....

Address: .....

Date of Birth: ..... M/F: ..... Class: .....

Condition or illness: .....

### MEDICATION

Name/type of medicine: .....  
(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: .....

Procedure to take in an Emergency: .....

### PARENT / GUARDIAN CONTACT DETAILS

Name: ..... Daytime Telephone: .....

Relationship to pupil: .....

Daytime address: .....

I understand that I must deliver the medicine personally to the Headteacher and accept that I am responsible for it being collected at the end of the school day.

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

**Ruth Ryden - Chair of Governors** | **Mr P Edwards - Headteacher**