

**UPLANDS JUNIOR SCHOOL
ADMINISTRATION OF MEDICATION REQUEST FORM**

**THIS FORM IS TO BE COMPLETED AND SIGNED BY A PARENT.
THE SCHOOL WILL NOT GIVE YOUR CHILD MEDICINE UNLESS PRESCRIBED
BY A DOCTOR.**

DETAILS OF PUPIL

Surname	Forename
Condition or illness	Class

MEDICATION

Name/Type of Medication (as described on the container)
How long will your child be taking this medication?
Date Dispensed:
<u>FULL DIRECTION FOR USE</u>
Dosage and method:
Timing: (Note - your child will be responsible for asking for his/her medicine)
Special Precautions:
Side Effects:
Emergency contact number:

**I UNDERSTAND THAT I MUST DELIVER THE MEDICINE PERSONALLY TO THE
SCHOOL OFFICE AND ACCEPT THAT THIS IS A SERVICE WHICH THE
SCHOOL IS NOT OBLIGED TO UNDERTAKE.**

Date	Relationship to pupil:
Signature	