



ADMINISTRATION OF MEDICINES REQUEST FORM

Mary Webb School and Science College will not administer medicines to your son/daughter unless this form is completed. Medicines must be supplied in their original packaging with the information leaflet and the dispensing label attached.

Name of Student

Date of Birth

Tutor Group

Medical Condition or Illness

Medicine

Name/Type of Medicine
(as described on the container)

Date Dispensed

Expiry Date

Dosage Instructions

Are there any side effects that the
school should be aware of?

Medicine to be self-administered?

Procedures to take in an emergency

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy.

I understand that I must inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

I clearly understand and accept that medicines will not be administered unless this form is completed and resubmitted annually (for long-term conditions).

Name of Parent/Carer: _____

Signature: _____

Date: _____

Contact Details

Name

Daytime telephone number

Relationship to student
