



**Crwys Primary School**

**Request for school to administer medication**

The school will not give your child medicine unless you complete and sign this form.

A newly completed form should be submitted every time the dosage or timings of medication are changed.

**DETAILS OF PUPIL**

**Name**..... **Date of Birth**.....

**Class**..... **M/F**.....

**Address**.....  
.....

**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 (milligrams) and method:

.....

Timing:

.....

Self-Administration: **YES/NO**

Procedures to take in an Emergency:

.....  
.....  
.....

**CONTACT DETAILS**

Name..... Daytime Tel No.....

Relationship to Pupil.....

Address.....  
.....

I understand that I must deliver the medicine personally to the school office

Date..... Signature(s).....

Relationship to pupil.....