



**REQUEST FOR THE SCHOOL NURSING SERVICE /SCHOOL STAFF
TO ADMINISTER MEDICATION.**

The School Nursing staff or school staff will not give your child any medication unless you complete and sign this form.

CHILD / YOUNG PERSON'S DETAILS:

NAME

ADDRESS

.....TEL:

DATE OF BIRTHNHS NUMBER.....MALE/FEMALE
Please Circle

ALLERGIES.....

PAGE of

Medication Strength	and	Time	Dose	Full directions for use

I understand I must give the medication to the transport escort for them to sign in to the nursing team at school. Medication must not be put in children's school bags.

I consent to the school nursing staff, or school staff giving the above medication to my child.

Name:

Date:

Signature:

Relationship to pupil: