

## Pupil Medication Request

### Short-Term Administration of Medicine

The school will **only** administer:

- (i) prescription medicines;
- (ii) antibiotics that need to be given four times daily (six hourly) or more. If the dosage is less than this, please arrange so that administration is not required during school hours;
- (iii) medicines that are in their original container, as dispensed by the pharmacist.

Child's Name: ..... Class: .....

Contact Telephone Number: .....

Condition/Illness: .....

Name of Medicine: .....

Dose: .....

Completion date (if known): .....

Special Instructions: .....

.....

Signed: ..... Date: .....  
(parent/guardian)

Where possible the need for medicines to be administered at school should be avoided.

Please give this form, together with the medicine, to a member of staff in the school office. Please collect all empty containers at the end of the course.