



Request for Droxford Junior School to administer medicine

The school will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date	
Name of school	DROXFORD JUNIOR SCHOOL
Name of child	
Date of birth	/ /
Learning Base	
Medical condition or illness	

Medicine

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	/ /
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration	YES / NO
Procedures to take in an emergency	

NB: Please do not decant medicines into other containers. We can only accept medicines in their original container as dispensed by the pharmacy, containing the pharmacy label.

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	THE SCHOOL OFFICE
Signed	
Print Name	

