



DOWNSEND
SCHOOL

Request for School to Administer Medication

To be completed by a parent/guardian for the administration of **ANY MEDICATION** and returned to the School Nurse. If you have any queries, please contact her on 01372 385409.

Pupil Details

First Names:		Surname:	
Address:			
M/F:		Date of Birth	
		Form:	

Condition or Illness requiring Treatment

Please give details:	

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:	
Timing:	

Contact Details

Name:		Daytime Tel No:	
Signed:		Name in full:	
Relationship to pupil:		Date:	