

**Form 2: Application to administer Medicine**

**Details of Pupil**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

M/F:

Date of Birth: -\_\_/\_\_/\_\_

Class/Form: \_\_\_\_\_

Condition or  
illness: \_\_\_\_\_  
\_\_\_\_\_

**Medication**

Name/Type of medication (as described on the container)

For how long will your child take this medication:

Full directions for use:

Dosage and method: \_\_\_\_\_

Timing: \_\_\_\_\_

Special precautions:

Side effects:

Self-administration: Yes / NO

Procedures to take in an Emergency:

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**Contact Details**

Name:

Daytime Telephone No

Relationship to Pupil

Address:

*I understand that I must deliver the medicine personally to the Principal and accept that this is a service which the school is not obliged to undertake*

Signature(s): \_\_\_\_\_

Date

\_\_\_\_\_

Relationship to pupil: \_\_\_\_\_