

Chatham Grammar

Request to Administer Prescribed Medication Form

In order for the school to administer prescribed medicine to a student during the school day it is necessary for you to complete and sign this form and hand it in to the school office.

Note: Medicines must be in the original container as dispensed by the pharmacy.

Pupil details:

Surname: _____ Forename(s): _____

Class: _____ Date of Birth: _____

Condition or illness: _____

Doctor's details:

Name: _____ Telephone number: _____

Surgery: _____

Is a doctor's note provided? Yes / No

Name/Type of Medication: (as described on container): _____

How long is the student required to take this medication: _____

Date dispensed: _____

Dosage and method: _____ Timing: _____

Side effects/Precautions _____

Parent/Emergency contact details:

Surname: _____ Forename(s): _____

Contact telephone numbers: _____

Relationship to pupil: _____

'The above information is accurate to the best of my knowledge at the time of writing, and I give consent to the school to administer the medication in accordance with Chatham Grammar's Policy. I will inform the school in writing of any changes to the above information'.

Signed: _____ Date: _____