



St MacNissi's Primary School
Christine Road
Newtownabbey
BT36 6UE
Tel:028 90 342166
Fax:028 90 839543

REQUEST FOR A SCHOOL TO ADMINISTER MEDICINE

The school will not give your child medicine unless you complete and sign this form and the Principal has agreed that school staff can administer the medicine.

Pupil Details

Name of pupil	
Address	
Date of Birth	
Class	
Condition or illness	

Details of medication *Parents must ensure that in date, properly labelled medication in its original packaging is supplied. It is recommended to supply a weekly or monthly dose.*

Name/Type of medication	
Date dispensed	
Expiry date	
Storage requirements	
Full directions for use Dosage method	
Timing	
Special precautions	
Are there any side effects?	

Procedures to take in an emergency

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Emergency contact

Name	
Phone no. (home/mobile)	
Address	
Relationship to pupil	

Parents

I understand that I must deliver the medicine personally to the Principal or class teacher and accept that this is a service, which the school is not obliged to undertake. I understand that I must notify the school of any changes in writing.

Signature(s) _____ Date _____

Agreement of the Principal

I agree that _____ in class _____
 will receive _____ (quantity and name of
 medication) every day at _____ (time(s) medicine to be administered).
 This child will be given/supervised whilst he/she takes their medication by
 _____ (name of staff member).
 This arrangement will continue until _____ (either end date of course of
 medication or until instructed by parents).

Signed _____ Date _____