

**Manor Road Primary School**

**Application for School to Administer Medication**

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| **DETAILS OF STUDENT:**Name: Date of Birth:Class:Condition or illness: |

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| **MEDICATION:**Name/Type of Medication (***as described on the container)*:**For how long will your child take this medication:Date dispensed: |

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| **FULL DIRECTIONS FOR USE:**Dosage and amount (as per instructions on container):Method:Timing:Special Precautions:Side Effects:Self Administration: Yes/NoProcedures to take in an Emergency: |

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| I understand that I must deliver the medication personally to the office.Name (PRINT): Signature:Relationship to student:Date: |