

**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/No  Procedures 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: |