



REQUEST FOR LADOCK SCHOOL TO ADMINISTER PRESCRIBED MEDICATIONS

The school will not give your child medicine unless you complete this form, and the Head of School has agreed that named staff can administer the medication.

Details of Child	
Child's Initials:	Year Group:
Full Directions of Use	
Name/Type of Medication (as described on the container):	
For how long will your child take this medication	
Date started/dispensed:	
Medication Dosage & Method:	
Timing:	
Special Precautions	
Side Effects:	
Procedures to take in an emergency:	
<p>I understand that I must deliver the medicine personally to a member of staff and accept that this is a service which the school is not obliged to undertake.</p> <p>Please indicate Yes/No</p>	

