

REQUEST FOR PARK SCHOOL FOR GIRLS TO ADMINISTER MEDICATION

Name of student:

Form Group:

Name/Type of Medicine:
(As described on the container)

Date Dispensed..... Expiry Date.....
(As detailed on the container)

Condition or illness:
.....

Dosage to be administered:
N.B. the dosage can only be changed on a Doctor's written instructions.

Time to be administered:

Special Precautions:

Are there any side effects that the School needs to know about?
.....

Procedures to follow in an emergency
.....
.....

Can your daughter self-administer this medicine? YES / NO (delete as appropriate)

I understand that I must deliver the medicine personally to the School Office and accept that 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 of parent: Date: