



St. Canice Primary School and Nursery Unit

11 Curragh Road

Dungiven

BT47 4SE

Principal: Mr Ciarán Loane

Request by Parent for school to administer medication

Form for parents to complete if they wish the school to administer medication.

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 medication.

Details of Pupil

Surname:

Forename(s)

Address:

M/F:

Date of Birth:

Class/Form:

Condition or illness:

Medication

Name/Type of medication (as described on the container)

For how long will your child take this medication:

Date dispensed: _____

Full directions for use:

Special precautions:

Side effects:

Self-administration: YES /NO

Procedures to take in an Emergency:

Contact Details

Name:

Daytime Telephone No:

Relationship To Pupil:

Address:

I understand that I must deliver the medicine personally to (agreed member of staff) and accept that this is a service which the school is not obliged to undertake.

Date:

Signatures(s):

Relationship to pupil: