



## Hedingham School & Sixth Form

### Request for School to Administer Medication

Student's Full Name:	Form:
Date of Birth:	
Address:	
Condition/Illness:	
Name of Medication and form (eg tablet, liquid, capsule):	Amount supplied:
Date Dispensed:	Expiry Date:
Frequency of Dosage:	Timing:
Additional Instructions/Information (eg before food, interaction with other medicines, possible side effects, storage instructions):	

**Please note that all medication **MUST** be supplied in the original container, including dosage information, as prescribed by the prescribing clinician.**

Emergency contacts:	
Name:	Relationship to child:
Daytime Contact No's:	
<b>OR</b>	
Name:	Relationship to child:
Daytime Contact No's:	
<b>I understand that I must deliver the medicine personally to the School Office. I accept that the school has a right to refuse to administer medication.</b>	
Name (Block Capitals)	Relationship to child:
Signature:	Today's Date:
Address (if different from above):	

**School use:** Remaining medication returned to parent on (Insert date): \_\_\_\_\_  
or disposed of via \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_