



ADMINISTRATION OF MEDICINES: PARENTAL REQUEST FORM

Part 1: Personal Details

Table with 2 columns: Field Name, Value. Fields: School/Centre, Child's Name, Date of Birth.

Part 2: General Medical Practitioner Information

Table with 2 columns: Field Name, Value. Fields: Doctor's Name, Address, Phone Number.

Part 3: Parental Approval

I would confirm that my child... requires the following medicine(s) and that it/they can be administered by a non medically qualified person.

I will also undertake to inform the head immediately of any changes in the medication and will provide an appropriately labelled separate supply.

Signature of Parent.....

Date:.....

PRINT NAME.....

Home Address.....

Telephone Number(s).....

Emergency Contact Person:.....

Relationship..... Telephone number.....



ADMINISTRATION OF MEDICINES: PARENTAL REQUEST FORM contd.

Child's Name:.....

Part 4: Details of Medication

Medicine 1

Type of illness	
Name of medication	
Type of medication eg. tablets, syrup etc.	

Dosage Instructions:

.....to be taken/used.....times a day

at.....am;am;pm;pm

and/or other instructions

.....
.....

Affix Chemist Label if Possible

Medicine 2

Type of illness	
Name of medication	
Type of medication eg. tablets, syrup etc.	

Dosage Instructions:

.....to be taken/used.....times a day

at.....am;am;pm;pm

and/or other instructions

.....
.....

Affix Chemist Label if Possible

Parent's signature confirming medication and dosage.....

Clerical Assistant signature..... date.....

Management signature date