



Pensford Primary School
Pensford Hill
Pensford
Bristol BS39 4AA

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Parent/Guardian request for the school to administer medication

The school will not give your child medicine unless this form has been completed and the Head teacher has agreed that staff can administer the medication

Details of pupil

Surname _____

Forename (s) _____

Address _____

Date of birth _____

Class _____

Medication

Name/ Type of Medication _____

For how long will your child take this medication _____

Date dispensed _____

Full directions for use _____

Dosage and method _____

Timing _____

Special precautions _____

Side effects _____

Self Administration _____

Emergency procedures:

Contact details

Name _____ Relationship to pupil _____

Daytime telephone number _____

Address _____

I understand that I must deliver the medicine personally to _____

and that the school is not obliged to undertake this service.

Signed _____ Dated _____