



## Parental request for the school to administer medicine

Name of Child	Date of Birth
Illness / Medical Condition	Class

## Medicine

Name/ type of Medicine		
Dosage and Method		Timing
Date Dispensed	Completion of course	Use by Date
Any special precautions or side-effects that the school needs to know about		
Procedures to take in an emergency		

## Contact Details

Name	
Daytime telephone number(s)	
Relationship to child	Do you have parental responsibility?
Address	

I understand that schools are not obliged to administer medicine and that I am making a request for Marlborough School to do so voluntarily. I give consent to authorised school staff to administer medicine in accordance with the school's *Medicine in School* policy. I acknowledge that I am responsible for delivering and collecting the medicine (in its original bottle/packaging) to and from the school office. I will notify the school immediately, in writing, of any changes.

Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/202\_\_\_\_