

# Cheddon Fitzpaine Church School



## Request for School to Administer Medication

The school will not give your child medicine unless you complete and sign this form and the Headteacher has agreed that school staff can administer the medication. **We would not normally administer un-prescribed medication such as Calpol. If your child requires this please consider whether or not your child should be at School.**

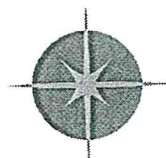
A newly completed form must be submitted every time the dosage or timings of medication are changed.

### PUPIL DETAILS

Full name	
Note : if the medication is prescribed the name must be the same as stated on the medication.	
Child's class	
Date of birth	
Address	
Condition or illness	

### DETAILS OF MEDICATION

Name/type of medication	
Prescribed by doctor? (please circle)	YES                      NO
Dates medication should be administered	From: Until:
Details of administration	How often: Timing : Quantity/Dose: Method:



BATH & WELLS  
Multi Academy Trust

*'That they may have life, life in all its fullness' John 10:10*

