



# Medicine Form

**Veryan C of E School**

Veryan, Truro, Cornwall, TR2 5QA ver-  
secretary@rainbowacademy.org.uk  
01872 501431 www.veryanschool.co.uk

Request for school to administer medication

Form for parents to complete if they wish their child to be given medicine during the school day.

**The school will not give your child medicine unless you complete and sign this form and the Head of School has agreed that school staff can administer the medication.**

**Details of pupil:** Surname.....Forename.....

Address.....

Class.....Male/Female. Date of birth.....

Condition or illness:.....

## **Medication**

Name/type of medication.....

How long will this medication be taken for?.....

Date dispensed:.....

## **Full directions for use:**

Dosage and method:.....

Timing:.....

Special precautions:.....

Self administration: y/n

## **Procedure to take in an emergency:**

Contact details:.....

Signed:.....Date:.....

Relationship to pupil:.....