

## Chatham Grammar

### Request to Administer Non-Prescribed Medication Form

In order for the school to administer medicine to a student during the school day it is necessary for you to complete and sign this form and hand it in to the school office.

Note: Medicines must be in the original container as dispensed by the pharmacy.

Pupil details:

Surname: \_\_\_\_\_ Forename(s): \_\_\_\_\_

Class: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name/Type of Medication: (as described on container): \_\_\_\_\_

How long is the student required to take this medication: \_\_\_\_\_

Date dispensed: \_\_\_\_\_

Dosage and method: \_\_\_\_\_ Timing: \_\_\_\_\_

Side effects/Precautions \_\_\_\_\_

Parent/Emergency contact details:

Surname: \_\_\_\_\_ Forename(s): \_\_\_\_\_

Contact telephone numbers: \_\_\_\_\_

Relationship to pupil: \_\_\_\_\_

'The above information is accurate to the best of my knowledge at the time of writing, and I give consent to the school to administer the medication in accordance with Chatham Grammar's Policy. I will inform the school in writing of any changes to the above information'.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_