

**REQUEST FOR NORTH PRIMARY SCHOOL AND NURSERY TO  
ADMINISTER MEDICATION**

Pupil's full name..... Class.....

Address .....

Condition/ illness.....

Name/type of medication.....

For how long will the child be required to take medication?.....

Date treatment started..... Frequency of dosage.....

Additional instructions/information (e.g possible side effects, before/after food)

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**Emergency Contacts**

Name..... Relationship to child .....

Daytime telephone number .....

**OR**

Name..... Relationship to child .....

Daytime telephone number.....

I understand that I must deliver the medication in a measured dose in a clearly labelled syringe personally to the school office. I must show evidence of the dosage (the original container showing the name and medication) on the first day. The syringe will be given back to the child after medication has been taken.

Name..... Relationship to child .....

Signed ..... Date.....