



Request for Portchester Community School's Medical Room to administer medication

All medication should be in the original packaging with the dispensary label on and over the counter medication should also be in the original packaging.
The school will not give your child medication unless you fully complete and sign this form.

Details of Student:

Full name:	
Address:	
Date of Birth:	Tutor:
Condition or illness:	
Medication:	
Condition or illness:	
Name/Type of medication (as described on the container)	
How long does your child need to take this medication:	
Date dispensed (if prescribed):	
Full directions for use:	
Dosage and method:	
Storage:	
Timings:	
Special precautions:	
Side effects:	Self administration:
Medicine to stay in school or to go home at the end of the day: Stay in school: <input type="checkbox"/> Return home: <input type="checkbox"/>	
Procedures to take in an Emergency:	
Contact Details:	
Name:	Daytime phone No:
Relationship to Student:	
I understand that I must deliver the medicine personally to (agreed member of staff) and accept that this is a service which the school is not obliged to undertake.	
Parent/Carers signature:	Date: