St. Bede's Catholic College

Long Cross, Lawrence Weston, Bristol, BS11 0SU

T: 0117 377 2200 **E:** contact@stbcc.org **W:** www.stbedescc.org

Principal: Mr R. J. King, MEd

REQUEST FOR COLLEGE TO ADMINISTER MEDICATION

The College will not give your child medicine unless you complete and sign this form, and the Principal has agreed that college staff can administer the medication.

DETAILS OF PUPIL

Forename(s)…… Surname ……
Address……
……
M/F …….. Date of Birth ……Tutor Group ……

Condition or illness
……

MEDICATION

Name/Type of Medication (as described on the container) ……
Date dispensed ……
Full Directions for use:
Dosage ……
Self-Administration (please tick box) ☐ Yes ☐ No
Frequency (please delete as appropriate) As required Daily (please state how many times per day) ……
Special Precautions/Instructions
Possible side effects……
Procedures to take in an Emergency
……
……

CONTACT DETAILS

Name …….. Relationship to Pupil ……..
Address
……
Daytime Telephone No(s) …… /……

I understand that I must deliver the medicine personally (to agreed member of staff) and accept that this is a service which the college is not obliged to undertake.

Signed …… (Parent/Guardian) Dated ……