



# HARLINGTON UPPER SCHOOL

Headteacher  
Shawn Fell

Goswell End Road, Harlington, Beds LU5 6NX  
Tel: 01525 755100 Fax: 01525 755101  
website: <http://www.harlington.org>  
e.mail: [enquiries@harlington.org](mailto:enquiries@harlington.org)

## REQUEST FOR SCHOOL TO ADMINISTER MEDICATION

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

### DETAILS OF PUPIL

Surname: .....  
Forename(s): .....  
Address: ..... M/F: .....  
..... Date of Birth: .....  
..... Form: .....  
Condition or Illness: .....

### MEDICATION

Name / Type of Medication (as described on the container): .....  
For how long will your child take this medication? .....  
Date Dispensed: .....

### Full directions for use:

Dosage and method: .....  
Timing/Frequency: .....  
Special Precautions: .....  
Side Effects: .....  
Self Administration: .....  
Procedures to take in an emergency: .....

### CONTACT DETAILS

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

I understand that I must deliver the medicine personally to the School Office and accept that this is a service which the school is not obliged to undertake.

I understand that my child must report to the School Office to take the medication – it is not the responsibility of the office staff to collect or remind my child.

I agree to collect any unused medication at the end of the school year and understand that if I fail to do so, any unused medication will be disposed of.

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