

REQUEST FOR ACADEMY TO ADMINISTER MEDICATION

Pupil's Name: _____ Class: _____

Condition/Illness: _____

Name/Type of Medication: _____

Dosage: _____ Time: _____

Additional Instructions: _____

Pupil's Doctor: _____

I understand that I must deliver the medicine personally to the academy office staff and collect any remaining medication at the end of the day or when the course is complete. I understand that the academy staff have a right to refuse to administer medication.

Name: _____ Date: _____

Signed: _____

Relationship to Pupil: _____

Emergency contact details (if different from those already supplied to the academy): _____
