

Yatton Federated Schools
PUPIL MEDICAL AND MEDICATION ADMINISTER REQUEST FORM

DETAILS OF PUPIL	
Surname:	Forename(s):
Address:	
Date of Birth:	Class:
MEDICAL CONDITION	
Name of Condition:	
Any extra information about the illness you think we should know (i.e., reactions, signs and symptoms):	
MEDICATION TO BE TAKEN	
Name of Medication (as described on the bottle):	
Dose	
Time to be taken	
Method of administration of medication:	
The medication is:	LONG TERM / SHORT TERM / WHEN NEEDED
Has the medication been taken at home before school?	YES / NO If YES, what time was this?
Date dispensed (date the first dose was taken):	
Date to finish the course of medication:	
Does your child attend breakfast club? YES/NO	If yes, is the medication needed? YES/ NO
Does your child attend after school club? YES/ NO	If yes, is the medication needed? YES/ NO
The school holds Salbutamol and Ventolin inhalers for emergency use in the event of your child's inhaler being lost, broken or empty. Do you give permission for us to administer the emergency inhaler as appropriate?	YES / NO / N/A SALBUTAMOL / VENTOLIN / BOTH
The school holds EpiPen and EpiPen JNR for emergency use in the event of your child's EpiPen/JNR being lost, broken or empty. Do you give permission for us to administer the emergency supply as appropriate?	YES / NO / N/A EPIPEN JR / EPIPEN
CONTACT DETAILS OF PARENT/CARER	
Name:	Relationship to pupil:
Address:	Contact Number:
Signature(s):	Date: