



LEADHILL PRIMARY SCHOOL

Principal: Mrs A Millis BEd Hons, PQHNI
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Email: info@leadhillps.belfast.ni.sch.uk
Website: www.leadhillps.com

Casaeldona Park
Belfast
BT6 9RD

REQUEST BY PARENT FOR SCHOOL TO ADMINISTER MEDICATION

Please note that Leadhill Primary school will not give your child medicine unless you complete and sign this form, and the Principal has agreed that school staff can administer the medication.

DETAILS OF PUPIL

Surname _____

Forename (s) _____

Address _____

_____ M/F _____

Date of Birth _____

Class _____

Condition/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 & method _____

Timing _____

Special Precautions _____

Side Effects _____

Self Administration _____

Procedures to take in an Emergency _____

CONTACT DETAILS

Name _____

Daytime Tel No _____

Relationship to Pupil _____

Address _____

I understand that I must deliver the medicine personally to my child's Teacher and accept that this is a service which the school is not obliged to undertake.

Date _____ Signature _____

Relationship to pupil _____

Agreed by Principal _____ Date _____