



REQUEST FOR WESTMINSTER TO ADMINISTER MEDICATION

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

Details of Student

Last name _____ First name _____

Address _____

Date of Birth _____

Condition of illness _____

Medication

Parents must ensure that in date properly labelled medication is supplied.

Name/Type of Medication (as described on the container)

Expiration Date _____

Full Directions for use:

Dosage and method

NB Dosage can only be changed on a Doctor's instructions. Doctor's certificate must accompany this form.

Parent Signature

Date