




Orritor Primary School and Nursery Unit

249 Orritor Road
Cookstown
BT80 9NE

Principal:

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Vice Principal:

Mrs K Black BA (Hons)
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Request for School to Administer Medication

Details of Pupil

Surname : _____

Forename(s): _____

Date of Birth : _____ Class : _____

Condition or Illness : _____

Medication

Name of Medication	
How often should this be administered?	
Dosage	
Times of day for administering	
Side effects?	
Is pupil able to self-administer?	
Procedures in event of emergency	

Please turn overleaf***

Parent/Guardian Contact Details

Name : _____

Contact Number: _____

Relationship to Pupil: _____

Address: _____

I understand that I must provide the medicine, in date, with this form, in a clearly marked bag.

Date : _____

Signature: _____

Print Name: _____