

MEDICATION REQUEST FORM

STAFF WILL NOT GIVE YOUR CHILD ANY MEDICATION UNLESS YOU COMPLETE AND SIGN THIS FORM

Please tick one of the following:

Bidwell Brook School		Ellen Tinkham School		Ellen Tinkham College incl Sixth Form @ Hollow Lane	
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STUDENT NAME			
ADDRESS			
DATE OF BIRTH		NHS NUMBER	
ALLERGIES			

Medication & Strength	Time	Dose	Full Directions for Use

@ Bidwell Brook = Medication must not be put in a child's school bag. I understand I must hand this form and the medication to the Transport Escort for them to sign in to the Nursing Team at school

@ Ellen Tinkham School/College = I must write in the Home:School Diary to advise medication has been put in my child's school bag. I understand I must also inform the Transport Escort that medicines are being transported to school/college

I consent to the school nursing staff or school staff giving the above medication to my child:

Name		Date	
Signature			
Relationship to Pupil			