



Request for Medication at School

Name of pupil / Class	
Date of birth	
Name of medication	
Reason for medication	
Dosage	
Time of dispensing	Before lunch OR After lunch
Route of medication (e.g. by mouth)	
Contact information in case of emergency	Phone & relationship to child:
Notes	

I hereby give my permission for a member of the BST staff to dispense the medicine described above to my child named above. I also understand that it is parents responsibility to renew medication before it expires. Medication should be in date, labelled and in the original packaging, including instruction for administration, dosage and storage. I understand that I should supply and dispose of any medication that school holds for my child. BST cannot administer any expired medicine in school and *all the expired medicine will be sent home by the end of the expired month.*

Signed by Parent/s:

Date (dd/mm/yy):