



## Hart Memorial Primary School and Nursery Unit

Charles Street  
Portadown  
BT62 4BD

**Principal:**

Mr A Frizzell BA (Hons) PGCE MEd  
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Web: [www.hartmemorialps.org](http://www.hartmemorialps.org)

**Vice Principal:**

Mrs S White  
Email: swhite410@c2kni.net

### **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?	
Directions for administering	
Dosage	
Times of day for administering	
Any known 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: \_\_\_\_\_

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***I agree that medication will be provided as indicated on this form.***

Principal's Signature: \_\_\_\_\_

Date: \_\_\_\_\_