



**REQUEST FOR SCHOOL TO ADMINISTER SPECIFIC  
MEDICATION**

The school will NOT give your child specific prescribed medication unless you complete and sign this form

Name and date of birth of child	
Year Group	
Home address and telephone number	

Condition or diagnosis	
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**Medication**

Name of medication (as on box or container)	
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Date Dispensed	
Full directions for use (dosage, method and course length)	
Special precautions (to be taken with/after food etc)	
Self administration	Yes/No

## Contact Details

Name of Parent/Guardian	
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Address	
Home telephone number	
Mobile telephone number	

I understand that I must deliver the medication personally to the Health Centre and accept that this is a service which the school is not obliged to undertake

Signature of Parent/Guardian	
Date	

**Please return completed forms to:**

The Health Centre, New Hall School, The Avenue, Boreham, Chelmsford, Essex CM3 3HS or  
by email via: [healthcentre@newhallschool.co.uk](mailto:healthcentre@newhallschool.co.uk)