



The British School of Paris

Junior School

REQUEST FOR SCHOOL TO ADMINISTER MEDICINE

Please fill out the relevant parts of the form

Pupil name _____ Date of birth _____ Class _____

Reason for needing medicine _____

Medicines prescribed for fixed length of time (copy of doctor's prescription must accompany medicine) eg. Antibiotics, eye drops

Name/type of medicine _____ Dosage _____

When to give (time) _____ Date of 1st day _____ Date of last day _____

Comments _____

Medicines to be given if necessary e.g. Asthma inhalers (includes non prescription medicine such as anti histamines, paracetamol, cough syrup etc.

Name/type of medicine _____ Dosage _____

When to give - describe symptoms _____

Frequency _____ Comments _____

Giving medicine in an EMERGENCY i.e. EPIPEN, anti histamine, ventolin, solupred etc.

Describe what constitutes a medical emergency _____

Medicine to be given (dosage, frequency) _____

Action to be taken _____

(Please continue on back of form if necessary)

I authorise the school to administer the medicine I have supplied for my child as stated above

Signature _____ Date _____ Relationship to pupil _____

Contact phone number _____