



# Durham School

Co-educational Day & Boarding 3 -18  
Confidence for Life

Durham School  
Durham  
DH1 4SZ

0191 731 9270

## **Administration of Medication to Pupils - Parental request form**

Full name of pupil.....

Date of birth.....

House.....Year.....

Reason for medication.....

### **Details of medication**

Name of Medication.....

Dose and administration method.....

Duration.....

Timing.....

### **Contact details**

Name of parent/guardian.....

Full address.....

Telephone number.....

Relationship to pupil.....

### **Please delete as appropriate**

-For prescription medication: I hereby request that the School administers this medication as prescribed by our own GP. I understand that the medication must be provided in a pharmacy-labelled container with my child's name, date of birth and full prescription details on and that the onus is on my child to present him/herself to the appropriate member of staff at the right time so that the medication can be administered.

-For over the counter medication: I hereby request that the School administers this medication that we have provided. I understand that the medication must be provided in the original packaging and that the onus is on my child to present him/herself to the appropriate member of staff at the right time so that the medication can be administered.

Parent/Guardian Signature.....



[www.durhamschool.co.uk](http://www.durhamschool.co.uk)



Durham School (1414 - present)



@dunelmia

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All Steinway  
School