



Request for the Administering of Medication to a Pupil

Please complete the details of the medication overleaf
Date
SignedParent/Carer
Containers should be clearly labelled with the child's name, the type of medicine, dosage, storage instructions and expiry date.
I am aware that medicines should be brought into school by myself or a designated adult and handed in to the office in the containers in which the medicines were supplied.
I will ensure that the medicine held by the school has not exceeded its expiry date.
I agree to update information about the child's medical needs held by school and that this information will be verified by GP and/or medical Consultant.
I agree to members of staff administering medicines/providing treatment to my child as directed overleaf
My child will be responsible for self-administering of medicines as directed overleaf
Please tick as appropriate
Telephone Number
Location of GP
GP's Name
Parent's Work Number
Parent's Mobile Number
Parent's Home Number
Condition of Child
Name of Child

Where possible the need for medicines to be administered at school should be avoided.

Parents are therefore requested to try to arrange the timings of doses accordingly.

Name of Medicine	Dose	Frequency/times	Completion	Expiry date of
			date of course	medicine
			if known	
Special Instructions				
Allergies				
Other prescribed				
medicines child				
takes at home				

Pupil Medication Record (to be completed by member of staff administering the medication)

Date	Time	me Medicine Given		Signature