



Request for the Administering of Medication to a Pupil

Name of Child.....

Condition of Child.....

Parent's Home Number.....

Parent's Mobile Number.....

Parent's Work Number.....

GP's Name.....

Location of GP.....

Telephone Number.....

Please tick as appropriate

My child will be responsible for self-administering of medicines as directed overleaf

I agree to members of staff administering medicines/providing treatment to my child as directed overleaf

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 will ensure that the medicine held by the school has not exceeded its 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.

Containers should be clearly labelled with the child's name, the type of medicine, dosage, storage instructions and expiry date.

Signed.....Parent/Carer

Date.....

Please complete the details of the medication overleaf

