



St. Nicolas Avenue Cranleigh Surrey GU6 7AQ Telephone: (01483) 274961

<u>Request for the Administering of Medication to a Pupil</u>

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 the 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

E-mail: info@stcuthbert-mayne.surrey.sch.uk website:www.stcuthbert-mayne.surrey.sch.uk

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 date of course if known	Expiry date of medicine
Special Instructions:				
Allergies:				
Other prescribed medicines child takes at home:				

<u>Pupil Medication Record</u> (to be completed by member of staff administering the medication)

Date	Time	Medicine Given	Dose	Signatures