

TO: The Principal
 Fullbrook
 Selsdon Road
 New Haw
 Surrey KT15 3HW

PUPIL MEDICATION REQUEST

Childs Name Tutor Group

Parent's surname if different

Home Address

Condition or illness

Parents Home Telephone No

Work Telephone No

GP Name Location Tel No.....

Please tick the appropriate box

- My child will be responsible for the self-administration of medicines as directed below. (All medication **MUST** be taken to Reception for secure storage)
- I agree to members of staff administering medicines/providing treatment to my child as directed below

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 Consultants.

I will ensure that the medicine held by the school has not exceeded its expiry date. I understand that if the medication has been prescribed by a doctor it must be given to Reception in the container dispensed by the pharmacy. Any non prescribed medication (e.g Paracetamol) should be clearly labelled with the child's name, the name of the medicine, dosage and timing as well as the expiry date.

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				

NOTE: Where possible the need for medicines to be administered at school should be avoided. Parents are therefore requested to try to arrange the timing of doses accordingly

Signed Date
 (Parent/Guardian)