

# PUPIL MEDICATION REQUEST

Holy Family Catholic Primary School, Ongar Hill, Addlestone, Surrey KT15 1BP

Telephone: 01932 846366

Email: [office@holy-family.surrey.sch.uk](mailto:office@holy-family.surrey.sch.uk)



Pupil's Name: .....

Parent's Surname (if different): .....

Home address: .....

.....

Condition or Illness: .....

Parent's Contact No: .....

Parent's Work/Other No: .....

GP Name: ..... Location: .....

Please tick the appropriate box:

My child will be responsible for the self-administration of medicines as directed below:

With Supervision

Without Supervision

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

Name of Medicine	Dose	Frequency/Times	Completion date of course if known	Expiry of Medicine
Special Instructions				
Allergies				

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

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

I agree to update information about my child's medical needs held by the school and that this information will be verified by a GP and/or another medical consultant.

**I will ensure that the medicine held by the school has not exceeded its expiry date.**

**Signed and agreed:**

**Parent / Guardian**

**Signature:** ..... **Date:** ...../...../.....

**Print Name:** .....

**Child (if self-administering)**

**Signature:** ..... **Date:** ...../...../.....

**Print Name:** .....

**School / Setting Representative Agreement:**

**Signature:** ..... **Date:** ...../...../.....

**Print Name:** .....

**Job Title:** .....

## Record of medicine administered to a pupil

Holy Family Catholic Primary School, Ongar Hill, Addlestone, Surrey KT15 1BP

Pupil's Name

Pupil's Class

Date medicine provided by parent

Name & strength of medicine

Expiry date of medicine

Quantity received

Dose & frequency of medicine

Quantity returned to parent

Date returned to parent

Staff signature: .....

Parent signature: .....

Date			
Time given			
Dose given			
Staff initials			

Date			
Time given			
Dose given			
Staff initials			

Date			
Time given			
Dose given			
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