



PARENTAL REQUEST FOR SCHOOL TO ADMINISTER MEDICINE

AT SPJS we will not give your child medicine unless you complete and sign this form. We have a policy to administer medicine, and staff volunteer to do this.

For full details please read our policy on supporting pupils at school with
medical conditions policy which can be found on our website

**Medicines must be in the original container as dispensed by the pharmacy
and handed to the school office staff by the parent/guardian.**

Child's Name:		Class:	
Name of Parent/Guardian		Relationship to Pupil	
Name/Type of medicine:		Medicine prescribed by:	
Date dispensed:		Expiry date of medicine:	
Medical condition or illness:		Last date for medicine to be taken:	
Dosage and method:		Time to be taken:	
Are there any side-effects we should be aware of?		Is it to be self-administered?	
Any Other Instructions:			

- The above information is, to be the best of my knowledge, accurate at the time of writing and I give consent to the School administering medicine in accordance with the School policy.
- I will inform the School immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.
- I understand that you will inform me if my child refuses or spits out their medicine.
- I accept that this is a service that the School is not obliged to undertake. I understand that I must notify the School of any changes in writing. Whereas I accept all reasonable care will be taken, I absolve the Staff and Governors at SPJS and Sutton Local authority of responsibility of any maladministration.

Parent's Name _____

Date _____

~~FOR OFFICE USE ONLY:~~ I acknowledge receipt of the above medicine.

Office Staff Signature _____

Date _____

