



GROVE PRIMARY SCHOOL

PUPIL MEDICATION REQUEST

Child's name Class

Parent's surname if different

Home address

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Parent's phone numbers: Home: Work:

Mobile phone number

GP Name GP Telephone number

GP Address

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 Consultant.

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

Signed Date
(Parent)

Name of Medicine	Dose	Frequency / Time/s	Completion date of course	Expiry date of medicine
Special instructions				
Allergies				
Other prescribed medicine child takes at home				

All medicines must be clearly labelled with the child's name and dosage. It should be understood that staff are not medically qualified and do not accept any responsibility. There are many demands made on staff's attention and we cannot guarantee that children will receive their medicine at a given time; every effort will be made to do so but if this causes anxiety, you are welcome to come into school and administer the dose at the correct time.

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