

**REQUEST FOR PRESCRIBED MEDICINES
TO BE ADMINISTERED IN SCHOOL**

In order for your child to receive medicines at school, please would you complete, sign and return this form at the start of EACH term.

Child's Name:	DOB:	NHS No:
Last known weight:	Class:	

Name of Medicine	Strength Of Medicine	Form e.g. tablets, syrup, cream	Dose (as prescribed)	Time to be administered	How is the medicine given e.g. mouth	Comments

Medicine allergies and other allergies: (if there are no allergies please write none)
Dietary restrictions: (if there are no dietary restrictions please write none)

All medicines must be delivered to the school in person or given directly to the school transport escort
 Medicines may only be administered in school from the original container labelled with full instructions dispensed by the pharmacist.
 Medicines can only be administered if there is a completed and signed consent (request) form.
 Where there is any change in the prescribed medicine, a new form must be completed, signed and returned to the school nursing team.

Signed Parent/Guardian..... Date:

Contact telephone number.....

Request received by School Nurse on(Date)

SignedPrint Name.....