



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.

Note: Medicines must be in the original container as dispensed by the pharmacy. I know I must deliver the medicine personally to a member of SPJS office staff

Child's Name		Class:	
Name/Type of Medicine			
Medicine Prescribed by	Dr		
Date dispensed			
Expiry date			
Medical Condition or illness			
Dosage and method			
Time to be taken			
Any other instructions			
Are there any side effects we should know of?			
Self-administration	Yes or No (please circle)		
Name of Parent/Guardian:			
Relationship to Pupil:			
Daytime telephone number:			

- The above information is, to be the best of my knowledge, accurate at the time of writing and I give consent to 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 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 Signature _____

Date _____

FOR OFFICE USE ONLY

I acknowledge receipt of the above medicine.

Office Staff Signature _____

Date _____