



## St. Andrew's Primary School Prescribed Medicine



Parents/guardians are requested to fill in and sign this request form before pupils can be given medication at school. The medication must be prescribed by a doctor. Staff cannot administer non-prescribed medication such as cough mixtures, throat lozenges or paracetamol tablets. Prescribed cream/ointments may require a self administration form to be completed. Medication must be brought into school by the parent/guardian and handed to the class teacher/secretary. (Please use the main entrance). In the case of tablets, only enough medication for use at school should be brought in, and in its original box. Agreements expire at the end of each course and in the case of long term medication at the end of each term. A new request form must be filled in at the beginning of each term. Each case is judged on its own merits. The Governors and Head teacher reserve the right to withdraw this service.

Child's Name: .....	D.O.B. ....	Class: .....
Parent/Carer Contact telephone number: .....		

Name of Medication: .....	Storage: locked cabinet/fridge/other
Dosage To Be Given At School: .....	Medication Expiry Date: .....
Reason For Medication: .....	
Name and telephone number of doctor prescribing medication: .....	

To be completed by the parent/carer:-

Date Received At School	Medication Accepted By	Time Medication Last given	Dosage Given	Time To Be Given At School

The above information is, to the best of my knowledge, accurate at the time of writing. I give permission for the above named medication to be administered to the named child in accordance with the school's policies and procedures.

Parent/Guardian Signature: ..... Date: .....

To be completed by administrating staff **\*CHECK\*** - CHILD - MEDICATION - FORM

Date	Time	Dosage Given	Given by	Witnessed by	Any adverse reactions	Parent/Guardian Signature *

\*If the medication is not collected, or the parent/guardian does not sign on collection, the parent must be contacted and advised on the last time of administration of medication.\*