

Windlesham Village Infant School

Pupil medication request and record form



Contact Details

Name of Pupil	Class
Parent Name	Parent Contact Number

Medication Details

Please note medicines must be in the original container as dispensed by the pharmacy – the only exception to this is insulin, which may be available in an insulin pen or pump rather than its original container.

Condition or illness:			
Medication details:	Name of medication		
	Expiry date		
	Dosage and method		
	Frequency/timing of administration		
	Completion date of course (if applicable)		
	Refrigerate?	Yes / No	
Please tick the appropriate box:	My child will be responsible for the self-administration of the medicine listed above OR		
	I agree to members of staff administering medicines / providing treatment to my child as directed above		
Contact required <i>prior</i> to administering medicine?	Yes / No	Contact required <i>after</i> administering medicine?	Yes / No
Allergies:			
Other prescribed medicines taken at home:			
Any special instructions?			

Please continue overleaf

Internal use only. Medication stored in: Classroom Office Both

