



Appendix 1 sample form – request from school office

Pupil medication request and record form

Child's Name		DOB	Class
Condition or Illness			
Emergency Contact 1			
Emergency Contact 2			
GP Surgery		GP Tel No	

Medication Details Please note medicines must be in the original container with label detailing name, dosage, expiry date & dosage instructions. The only exception to this is insulin, which may be available in an insulin pen or pump rather than its original container.

Medication details:	Name of medication	
	Expiry date	
	Dosage and method	
	Frequency/timing of administration	
	Completion date of course	
	Refrigerate?	Yes / No
Allergies:		
Other prescribed medicines taken at home:		

Declaration and signature:

I agree that the information provided is, to the best of my knowledge, accurate at the time of writing. I have read the relevant policies and request for school staff to administer medicine in accordance with the policies.

I agree to update information about my child's medical needs held by the school and that this information will be verified by my GP and/or medical consultant.

I will ensure that the medicine held by the school has not passed its expiry date and understand that medication that has exceeded the expiry date will not be administered. I will collect the medication from school on completion of the course.

Signed: _____
 (Parent / Carer)

Date: _____

Signed: _____
 (Staff member)

Date: _____

Internal use only. Medication stored in: Classroom Office Both

