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'Empowering children through sustainable, diverse, arts-enriched education'

Medicine Request Form

This is a request by a parent/carer of a pupil for the administration of the medication described on this form. The medication will be administered in accordance with the school's **Administration of Medicine Policy**.

Responsibility for the safe selection, provision and agreed dosage of the medicine remains with the parent/carer. No member of the school staff is allowed to administer any medication unless they are satisfied that this form has been completed and signed.

Pupil Name	Class	Date
Medical Condition or Illness		

Medicine – Must be in its original container and delivered personally with this form to the School Office. The container must also be clearly labelled with the pupil's name.		
Name/type (as described on the container)	Dosage	Frequency and Timing of dose
Special precautions and other instructions		
Quantity delivered to the school	Expiry Date	
Confirmation of receipt of medication at school	Signed (staff member)	
	Print name	

Contact Details for parent or carer	Relationship to pupil
Name	



Parent/Carer Declaration

The information is, to the best of my knowledge, accurate at the time of writing. I request that school staff administer the medication in accordance with the school Administration of Medicine Policy. I accept that I have asked for this medication to be administered based on my knowledge of the child and that I understand that the school staff are not qualified to make decisions about medication for my child.

Signed (parent/carers)	Date
PRINT NAME	

Staff Declaration

I am agreeing to administer medicine to this child as detailed above. I am satisfied with the information I have received and the medication received is in-date, labelled, in its original container and I have the instructions for administration, dosage and storage. I understand that I retain the right to not administer the medication should my observations cause concern of any sort and the school will inform the parent/carers if this is the case. I will confirm the dosage administered on the form below and will return any unused medicine at the end of the day. I have been approved by the Head Teacher to administer medication in line with the school policy.

Signed (staff)	Date
PRINT NAME	

Record of Administrations			
Medication			
Date			
Time of Previous Dose			
Time given			
Dose given			
Signature			
Witness			

All remaining medication was returned to the parent/carers at the end of the school day	
Signed (staff)	Date

This form is to be returned to the School Office and filed in the First Aid Room.

