



**Federation Headteacher Miss J Concannon**  
<http://www.knaphillfederationofschools.org.uk/>

**PUPIL MEDICATION REQUEST**

Pupil name: \_\_\_\_\_ Class \_\_\_\_\_ Date medicine provided by parent/guardian \_\_\_\_\_

Date of birth: \_\_\_\_\_

Parent/Guardian surname if different: \_\_\_\_\_

Home address: \_\_\_\_\_

**Condition or Illness:** \_\_\_\_\_

Parent/Guardian Home no: \_\_\_\_\_

Parent/Guardian Work no: \_\_\_\_\_ Parent/Guardian Mobile no: \_\_\_\_\_

GP Name: \_\_\_\_\_ Location & Name of Surgery: \_\_\_\_\_

My child will be responsible for the self-administration of medicines as directed below.

- with supervision       without supervision

I agree to members of staff administering medicines/providing treatment to my child as directed below

Name of medicine and date provided by parent/guardian	Dose	Frequency/times	Completion date of course if know	Expiry date

Special Instructions \_\_\_\_\_

Allergies \_\_\_\_\_

Other prescribed medicines pupil takes at home \_\_\_\_\_



**NOTE:** Where possible the need for medicines to be administered at school should be avoided. Parents/Guardians are therefore requested to try to arrange the timing of doses accordingly.

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

I will ensure that the medicine held by the school has not exceeded its expiry date.

**Signed and agreed:**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Print Name: \_\_\_\_\_

**School / Representative Agreement:**

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Print Name: \_\_\_\_\_ Job Title: \_\_\_\_\_



