



Aldermaston C.E. Primary School

Wasing Lane, Aldermaston, Berkshire, RG7 4LX

Tel: 0118 9713362

Text: 0118 3240216

Email: enquiries@aldermaston.w-berks.sch.uk

Website: www.aldermaston.org.uk

Mrs M Higgs - Headteacher



REQUEST FOR SCHOOL TO GIVE MEDICATION

We will not give your child medicine unless you complete and sign this form, and the school has a policy that the staff can administer medicine.

Name of child

--

Date of birth

--

Group/class/form

--

Medical condition or illness

--

Medicine

Name/type of medicine
(as described on the container)

--

Expiry date

--

Dosage and method

--

Timing

--

Special precautions/other instructions

--

Are there any side effects that the school/setting needs to know about?

--

Self-administration – y/n

--

Procedures to take in an emergency

--

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name

--

Daytime telephone no.

--

Relationship to child

--

Address

--

I understand that I must deliver the medicine personally to

[agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s): _____ Date: _____

NOTE: Medication will not be accepted by the school unless this letter is completed and signed by the parent or legal guardian of the child and that the administration of the medicine is agreed by the Headteacher.

The Governors and Headteacher reserve the right to withdraw this service.

Record of administration continued overleaf

RECORD OF MEDICINE ADMINISTERED TO AN INDIVIDUAL CHILD

Date				
Time given				
Dose given				
Name of member of staff				
Staff initials				

Date				
Time given				
Dose given				
Name of member of staff				
Staff initials				

Date				
Time given				
Dose given				
Name of member of staff				
Staff initials				

Date				
Time given				
Dose given				
Name of member of staff				
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Dose given				
Name of member of staff				
Staff initials				

Date				
Time given				
Dose given				
Name of member of staff				
Staff initials				

Records of medicines administered should be retained by the school for 25 years.