

**KIRKHAM GRAMMAR SCHOOL**

**Request to Administer Medication to Day Pupils**

Medication will only be administered by the Medical Support Staff in the Medical Centre. In order for this service to be efficient and safe, it is necessary for this form to be completed and returned to Matron before treatment is commenced. A separate form must be completed for each medicine to be administered.

*Thank you*

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*Please **print** details:*

Name of Parent/Guardian.....

Contact numbers .....

Child's name and form group .....

Date of birth .....

Name of medicine .....

Reason for taking the medicine .....

Name of prescribing doctor and address (if medication has been prescribed)

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Dosage ..... Times to be taken .....

How long will the course last? Any other instructions

.....

Quantity sent to school ..... Received in surgery by .....

Quantity returned home/to pharmacy ..... Returned by .....

How long will the course last? .....

It is your child's responsibility to attend the Medical Centre at the correct times, and to collect medicines which need to be taken home from the Medical Centre at 4 o'clock.

*The above information is accurate to the best of my knowledge at the time of writing. I give consent to the Medical Support Staff to administer the medication detailed above. I understand that this is a service that the school is not obliged to undertake. If the request is declined, the Medical Support Staff will discuss that decision with me at the earliest opportunity.*

Signed ..... Date .....

**The medicine must be presented in its original box and must be clearly labelled. Loose blister packs or envelopes are not acceptable.**