HATFIELD PEVEREL
St. Andrew's Junior School
Church Road Hatfield Peverel Chelmsford Essex CM3 2JX

☎ 01245 380131 💻 www.hatfieldpeverelstandrews.ik.org
✉ admin@hatfieldpeverel-jun.essex.sch.uk

REQUEST FOR SCHOOL TO ADMINISTER MEDICATION

Pupil's Full Name: ________ **Base:** _____

Address: _____

Condition / Illness: _____

Name / Type of Medication: _____

For how long will child be required to take medication? _____

Date Treatment started: _____

Time to be administered: _____ **Dosage:** _____

Additional instructions / information: (e.g. before /after food, interaction with other medicines, possible side effects, storage instructions)

_____

_____

Emergency Contacts:

Name: _____ **Relationship to Child:** _____

Daytime telephone No.: _____

OR

Name: _____ **Relationship to Child:** _____

I understand that I must deliver the medicine personally to a member of staff and collect any remaining medication at the end of each day. I accept that the School has a right to refuse to administer medication.

Name _____ **Relationship to Child:** _____

Signed: _____ **Date:** _____

✂ ----------

School Use:

Remaining medication returned to parent on (date) ……

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RECORD OF MEDICATION ADMINISTERED TO PUPIL ……..

Date	Time	Pupil's Name	Name of Medication / Reason for Medication	Dose Given	Signed