

St John's Mead CEVC Primary

Request and Permission to Administer Medicine Form

Parents/Guardians are advised that, unless you complete and sign this form the school will not administer medication to your child.

Details of pupil

Pupil's name:	Class:	Date of birth:
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Details about the Medication

Name of medication:	Dose required:
Expiry date of medication:	Time(s) to administer:

Is the medication prescribed?	YES	NO
<i>(Please note all medication must be in its original packaging as dispensed by the pharmacy)</i>		

Give a brief description of why your child requires this medication.

Are you aware of any side effects your child may experience by taking the medication?	YES	NO
If 'YES' please list these below:		

How long are you requesting we administer the medication for?

Date of first dose:	Date of last dose:	or	On-going (please tick):
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Confirmation of permission

I give permission for St John's Mead CEVC Primary School to administer the above medication to my child. I understand that I must personally deliver the medicine to the School Office Staff and accept that this is a voluntary service provided by the school.
The information I have provided on this form is accurate and correct.

Name:	Signed:	Date:
Contact number:		Alternative contact number:

Logging in and out of medication

Date	Signed in (SJM staff to sign)	Date	Signed out (parent/carer or Den to sign)

Medication log-in disclaimer: 'I do not accompany my child to/from school and request that my child deliver and collect their medication to and from the office'.

Name: _____ Signed: _____ Date: _____

