

ANNEX D:

PREScribed MEDICATION REQUEST

School Name & Address:

St Dunstan's Catholic Primary School, Onslow Crescent, Woking, Surrey, GU22 7AX

Child's Name:

Class:.....

Parent / Carer's Name:

Home Address:

Condition or Illness that this medicine has been prescribed for:

☎ **Parent / Carer's Home:** ☎ **Work:**

GP Name: **Location:** ☎

Please tick the appropriate box:-

☐ 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.

☐ I give permission in an emergency for the school to administer their emergency adrenaline auto-injectors.

Signed: **Date:**

Parent / Carer

Name of Medication	Dose	Frequency/times	Completion date of course if known	Expiry date of medicine.
Special instructions:				
Allergies:				
Other prescribed medicines child/young person takes at home:				

NOTE: Where possible the need for prescribed medicines to be administered at school should be avoided. Parents are therefore requested to try to arrange the timing of doses accordingly. Prescribed medicines will be administered at school during break and lunch times wherever possible so that children's education is not disrupted.

I agree to update information about the 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 been prescribed by a doctor or other medical professional
- Is in its original packaging with the prescription details
- Has not exceeded its expiry date

PLEASE ENSURE YOU PROVIDE THE CORRECT SYRINGE OR MEASURING SPOON WITH ANY PRESCRIBED MEDICATION.

Parent / Carer

Signature: **Date:**

Print Name:

School / Setting Representative Agreement:

Signature: **Date:**

Print Name:

Position:

PUPIL MEDICATION RECORD

Child's Name:

Date of Birth:

	Date	Time	Medicine Given	Dose	Signature
1					
2					
3					
4					
5					
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