



STOCKPORT GRAMMAR JUNIOR SCHOOL
Form 1: Request for school to administer medication

This form to be completed by parent/guardian and handed to the office with the medicine which should be provided in its original packaging as dispensed by the pharmacy.

DETAILS OF PUPIL

Pupil Surname: Forename:.....

Class/Form: DOB: Condition or Illness:

MEDICATION

Name/Type of Medication (as on the container).....

For how long will your child take this medication?.....

Date Dispensed: Expiry Date:.....

Quantity Supplied to School: Possible Side Effects.....

Full Directions for use:

Dosage and method:

Timing: Medicines are administered once, at lunchtime.

EMERGENCY CONTACT DETAILS

Name: Contact Telephone No.

Relationship to Pupil:

I understand that this is a service which the school is not obliged to undertake. I also understand that members of staff accept no liability if any doses of the above medicine are missed. Other than in exceptional circumstances, medicines are only administered once during the day, at lunchtime. If additional doses are required during the school day, parents must make arrangements with the class teacher to come into school to administer these. Parents must notify the school of any changes to the above, immediately.

Date: **Signature:**

Office use only

Record of Administration

Day	Date	Time	Dose	Signature	Print Name
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

Day	Date	Time	Dose	Signature	Print Name
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					