



STUDLEY HIGH SCHOOL

AN ACADEMY TRUST SCHOOL – ALWAYS AIMING HIGHER

Request for School to Administer Medication

Student's Full Name:.....Form:.....

Address:.....

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Condition / Illness:.....

Name / Type of medication:.....

Duration of course:.....

Date dispensed:.....Dose:.....

Frequency:.....Time of day:.....

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

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I understand that I must deliver the medicine personally or send it with my child to reception, marked for attention of the First Aid Team, replace any medication used (if applicable) and collect any remaining medication when the course is completed.

I accept that it is my responsibility to ensure that all medication is within the expiry date and to inform school of any changes to medication.

Name (please print).....

Relationship to student.....Date.....

N.B. Drugs / Medicines sent to school MUST be in current pharmacy labelled containers please.

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School use: Remaining medication returned to parent on (date).....

Remaining medication disposed of on (date).....