



Fakenham Junior School

Be the best YOU can be.

Queens Road • Fakenham • Norfolk NR21 8BN

Tel: 01328 862188

Email: office@fakenhamjunior.org.uk

Headteacher: Adam Mason

REQUEST FOR SCHOOL TO ADMINISTER PRESCRIBED MEDICATION

The school will not give our child medicine unless you complete and sign this form and the Headteacher has agreed that school staff can administer the medication.

DETAILS OF PUPIL

Surname: _____ Forename(s): _____

Address: _____ Male/Female: _____

_____ D.O.B: _____

_____ Class: _____

Condition of Illness: _____

Medicines will be given either at 11.30am or 12.30pm unless special arrangements have been made.

MEDICATION

Name of Medicine	Expiry Date	Duration of Course	Dosage & Method	Timing	Self-Administer (Y/N)	Date Prescribed	Special Storage Requirements

Side effects from medication: _____

Emergency Procedures: _____

Medication to be returned daily? Yes ☐ or No ☐

P.T.O

CONTACT DETAILS

Name: _____ Daytime Telephone No. _____

Address: _____

_____ Relationship to Pupil: _____

DECLARATION

I understand that I must deliver the medicine personally to the School Office and I accept this is a service which the school is not obliged to undertake.

WE ONLY ADMINISTER MEDICATION PRESCRIBED BY GP OR DOCTOR

If your child requires Calpol or other non-prescribed medication, you will need to arrange to come in to administer yourself.

I confirm that my child's Doctor has stated that s(he) considers it is necessary for the medication to be taken during school hours.

Signed: _____ Parent/Guardian

Relationship to Pupil: _____ Date: _____

