



Synergy Multi Academy Trust Fakenham Primary Federation



REQUEST FOR SCHOOL TO ADMINISTER PRESCRIBED MEDICATION

The school is unable to give your child medicine unless you complete and sign this form.

DETAILS OF PUPIL

Name of Child: _____

D.O.B: _____ Class: _____

Medical Condition or Illness: _____

MEDICATION

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

Special Precautions / Other Instructions: _____

Medication to be returned daily?

Yes

☐

or No

☐

CONTACT DETAILS

Name: _____ Daytime Telephone No. _____

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 this 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: _____

[illegible]