

**St John’s School**

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

Please note that pain killers (e.g. aspirin and paracetamol, including junior forms such as Calpol) cannot be administered by staff to pupils, even at the request of parents.

If antibiotics are to be administered to pupils, these only need to be bought into school if they are to be given more than 3 times per day.

DETAILS OF PUPIL

Surname: ………………………………………………………………..…………………….Class: ……………………………….…………………………………..

Forename: …………………………………………..……………………………………………………………………………………………………………………….

Address: ……………………………………………….……………………………………………………………….……………………………………………………..

DOB: ………………………………………….…………………………………………………M/F: …………………………………………..…………………………

Condition or illness: ……………………………….…………………………………………………………………………………………………………………….

MEDICATION

Name/Type of Medication (as described on container): ……………………………………………………………………………………………..

How long your child take this medication: ……………………………………………………..………………………………………………………

Date dispensed: ………………………………………………………..………………………………………………………………………………………………….

FULL DIRECTIONS FOR USE

Dosage and method: ……………………………………………………………………………………………………………………………………………………

Timing\*: ……………………………………………………………………………………………………………………………………………………………………...

Special Precautions: ……………………………………………………………………………………………………………………………………………………..

Side Effects: …………………………………………….……………………………………………………………………………………………………………………

Self-Administration: ………………………………………………………………………………….………………………………………………………………….

Procedures to take in an emergency: ………………………………………………………………………………………………………………………….

CONTACT DETAILS

Name: …………………………………………………………………..…………. Daytime telephone no.: ……………………………………………………

Relationship to Pupil: ……………………………………….………………………………………………………………………………………………………….

I understand that any medicine must be delivered to the school office and accept this is a service which the school is not obliged to undertake.

Date: ………………………………………………………………….. Signature: ………………………………………………………………………………………

\*Does your child attend After School club and will medication need to be taking during their time there Y/N? ………….