

**ST JAMES INFANT SCHOOL,
DAVENTRY NN11 4AG
TELEPHONE: 01327 702783**

PUPIL MEDICATION REQUEST FORM FOR PRESCRIBED MEDICINES

If children are ill, they should of course remain at home. We are willing to give medication to children who are well again, but who need to complete a course of medicine. However, this is a voluntary activity and parents will appreciate that in the busy life of school this may not always be possible.

Name of child.....

Class.....

I/We, the **parents/carer** of the above mentioned child, request staff of St James Infant School to administer the **prescribed** medication listed below.

Name of medication.....

Dosage to be given whilst in school.....
Time to be administered 12.00 noon

Duration.....

I/We understand that staff are unable to administer painkillers or antiseptic, and that it is the parents responsibility to collect the medicine from the **office** daily.

Signed.....parent/carer

Date.....

Medicine administered by.....

To the Class Teacher

Name of pupil.....

Class.....

should be sent to the office

at.....on.....

until..... For Medication

signed.....School Office