

Dear Parent/Carer,

The administration of medication in school

St Michael's understands that there are occasions where pupils require medication during school hours, and we are happy to support you and your child whenever possible in these instances. In order to ensure the safe administration of medication to your child please read the following information.

Parents need to discuss with their child's Pupil Manager any medication that they wish to be held in school, and must then complete the attached form in full, to ensure the safe administration of medication.

Parents must please ensure that all medication is provided in the correct prescription box and that it is labelled with your child's name and clear instructions for administration. The information leaflet that comes with any medication is also required.

Please be aware it is your child's responsibility to come to the front office and request their medication at the appropriate time.

Yours sincerely



Mr Chadwick
Deputy Headteacher

Details of Pupil			
Surname	<input type="text"/>	Forename (s)	<input type="text"/>
Address	<input type="text"/>		
Male/Female	<input type="text"/>	Tutorial	<input type="text"/>
Date of Birth	<input type="text"/>	Condition/Illness	<input type="text"/>
Medication			
Name/Type of medication (as described on the container)	<input type="text"/>		
Duration of course of medication	<input type="text"/>		
Date dispensed	<input type="text"/>		
Full directions for use			
Dosage/amount (as per instructions on container)	<input type="text"/>		
How often	<input type="text"/>		
Side Effects	<input type="text"/>		
Procedures to take in an emergency	<input type="text"/>		
Contact Information			
Contact 1:	<input type="text"/>	Contact 2:	<input type="text"/>
Name	<input type="text"/>	Name	<input type="text"/>
Relationship to pupil	<input type="text"/>	Relationship to pupil	<input type="text"/>
Telephone number(s)	<input type="text"/>	Telephone number(s)	<input type="text"/>
GP Information			
Name of GP	<input type="text"/>	Telephone number	<input type="text"/>
Allergies	<input type="text"/>		

I understand that I must deliver the medication personally to the school reception and accept that this is a service which the school is not obliged to undertake. I understand that it is my child's responsibility to request their medication at the appropriate time.

Signature(Parent/Carer) Date

Signature(Pupil Manager) Date

