



**QUEEN BOUDICA**  
PRIMARY SCHOOL

## Request for School to Administer Medication (4x a day dosages only)

**Prescribed Medicines**

Or

**Non-Prescribed Medicines**

**Medication MUST be provided in its original packaging. To include pharmacy labelling, box and patient information leaflet.**

<b>Name of Pupil:</b>		
<b>Date of Birth:</b>		
<b>Class:</b>		
<b>Duration of administration:</b>	<b>Start Date:</b>	<b>End Date:</b>
<b>Condition / Illness:</b>		
<b>Name / Type of medicine:</b>		
<b>Expiry Date:</b>		
<b>Date Prescribed:</b>		
<b>Dose and timing of medicine:</b>	<b>Dose:</b>	<b>Time:</b>
<b>Additional Information:</b>		

I understand that I, or another adult, must deliver the medication to the school office and collect it at the end of each day.

**Signed:**

**(Parent/Guardian)**

**Relationship to Child:**

**Date:**

Member of staff signing in medication, to check information and date and initial:	Medicine returned to parent. Member of staff to date and initial:
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### Record of Medication Administered as Detailed Above.

<b>Date:</b>					
<b>Time Given:</b>					
<b>Dosage Given:</b>					
<b>Member of Staff Administering Dose:</b>					
<b>Member of Staff Witnessing Dose:</b>					