

HORSELL CHURCH OF ENGLAND JUNIOR SCHOOL
CHILD / YOUNG PERSON MEDICATION REQUEST FORM

Setting Name and Address:	Horsell C of E (A) Junior School Meadway Drive Horsell Woking Surrey GU21 4TA
Child/Young Person's Name:	
Parent's Surname (if different):	
Home Address:	
Condition or Illness:	
Parent's Home Telephone Number:	
Parent's Work Number:	
GP Name and Address:	
GP Telephone Number:	

My child will be responsible for the self-administration of medicines as directed below (please tick the appropriate box):

- With supervision
- Without supervision

I agree to members of staff administering medicines/providing treatment to my child as directed below:

Name of Medicine	Dose	Frequency/Times	Completion Date of Course (if known)	Expiry Date of Medicine
Special Instructions:				

Allergies:	
Other prescribed medicines taken by the child/young person at home:	

Where possible the need for medicines to be administered at the setting should be avoided. Therefore, parents/guardians are requested to try to arrange the timing of doses accordingly.

I agree to update information about my child's medical needs held by the setting and that this information will be verified by GP and/or medical Consultant. I will ensure that the medicine held by the setting has not exceeded its expiry date.

Child / Young Person:

Signature: _____ Date: ____/____/____

Print Name: _____

Parent / Guardian:

Signature: _____ Date: ____/____/____

Print Name: _____

School / Setting Representative Agreement:

Signature: _____ Date: ____/____/____

Print Name: _____

Job Title: _____