



Frimley Church of England Junior School  
Frimley Green Road, Frimley Green GU16 6ND

**PUPIL MEDICATION REQUEST**

Child's Name: \_\_\_\_\_

Parent's surname if different: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Condition or illness: \_\_\_\_\_

☎ Parent's Home: \_\_\_\_\_ ☎ Work: \_\_\_\_\_

GP Name: \_\_\_\_\_ Location: \_\_\_\_\_ ☎ \_\_\_\_\_

Please tick the appropriate box:

- My child will be responsible for self-administration of medicines as directed below
- I agree to members of staff administering medicines / providing treatment to my child as directed below

I agree to update information about the child's medical needs held by the school and that this information will be verified by GP and / or medical Consultant.

**I will ensure that the medicine held by the school has not exceeded its expiry date**

Name of medicine	Dose	Frequency / times	Completion date of course if known	Expiry date of medicine
Special instructions:				
Allergies:				
Other prescribed medicine child takes at home:				

**Note:** Where possible the need for medicines to be administered at school should be avoided. Parents are therefore requested to try to arrange the timing of doses accordingly. **All medicines should be delivered and collected by an adult.**

- I accept that this is a service that the school is not obliged to undertake.
- I understand that I must notify the school of any changes in writing

Signed ..... Date .....  
Parent/Guardian