



THE MINSTER SCHOOLS

Nursery and Infant School: Mrs Stephanie Edmonds
Junior School: Mrs Hannah Farhan

PARENTAL REQUEST FOR THE ADMINISTRATION OF MEDICINES IN SCHOOL

To be completed by the parent/guardian of any child requesting medication to be administered under the supervision of school/club staff.

PLEASE COMPLETE BOTH SIDES.

The school will not give your child medicine unless you complete and sign this form, and the Head teacher has agreed that school staff can administer the medication. Please note non-prescriptive medication will be administered at the schools' discretion. We will only administer paracetamol/ibuprofen for a maximum of 5 days unless provided with a doctor's note.

Please bring your child's medicine to the office, **DO NOT hand to your child's class teacher.**

If your child attends breakfast or after school club please hand the medication to a member of the club team.

I understand that staff will be acting voluntarily in administering medicines to children.

I undertake to collect all medicines from the school/club when they are no longer required, expired, and at the end of each term.

Child's full name		
Today's Date		
Name of Medicine		
Dose to be given		
Time(s) of dose(s) to be given		
Prescribed by doctor	Yes/No	
Storage Instructions for Medicine		
Location of medicine during the school day		
Does your child attend the Minster Schools' Children's Club? Yes/No	Breakfast Club	After School Club
	M Tu W Th Fr	M Tu W Th Fr
Name of GP		
Parent Signature		
Staff Signature on receipt of medicine		

The Minster Schools' Children's Club



