

# HAMPSTEAD HILL SCHOOL



## Parental Request for Medication to be Administered in School

### 1. PUPILS DETAILS

Pupil's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Home Tel: \_\_\_\_\_

Year Group: \_\_\_\_\_ Class: \_\_\_\_\_ Emergency Tel: \_\_\_\_\_

### 2. DETAILS OF MEDICAL CONDITION & MEDICATION

I request & give my consent for my son/daughter to have the following prescribed medication administered by school staff as indicated:

a) Nature of medical condition: \_\_\_\_\_

b) Name of medicine(s): \_\_\_\_\_

***NB:** Written instructions from a medical professional are required – eg: pharmacist's label attached to the medication that clearly states the Child's Name, Medication's Name and correct dosage.*

c) Medicine prescribed by: General Practitioner  Hospital Consultant  Other

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Practice/Hospital/Other Address: \_\_\_\_\_

Department(if applicable): \_\_\_\_\_

d) Times at which medicine(s) to be given: *(please specify times or 'as required')*

e) Dose of medicine(s) to be given and means of administration:

f) Length of time current supply of medicine(s) will cover and expiry date:

