



John Colet School

www.johncolet.co.uk

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Administration of Medicines Request Form

Staff will not administer medicines to your child unless this form is completed. Medicines **must** be supplied in their original packaging with the information leaflet and the dispensing label attached.

Student Details

| | |
|------------------------------|--|
| Name of student | |
| Date of birth | |
| Tutor group | |
| Medical condition or illness | |

Medicine

| | |
|---|--|
| Name/type of medicine <i>(as described on the container)</i> | |
| Date dispensed | |
| Expiry date | |
| Dosage instructions | |
| Are there any side effects that the school needs to know about? | |
| Medicine to be self-administered? | |
| Procedures to take in an emergency | |

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I understand that I must inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped. I clearly understand and accept that medicines will not be administered unless this form is completed and resubmitted annually (for long-term conditions) and that I must notify the school if I wish to withdraw this consent.

Signature**Date**.....

| | |
|--------------------------|--|
| Name | |
| Daytime telephone number | |
| Relationship to student | |