

# CHILD MEDICATION REQUEST



Setting name and address: Manorcroft Primary School, Wesley Drive, Egham, Surrey TW20 8NJ

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

Parent's Name: \_\_\_\_\_

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

Home Telephone No: \_\_\_\_\_

Work Telephone No: \_\_\_\_\_

Mobile Telephone No: \_\_\_\_\_

Condition or Illness: \_\_\_\_\_

GP Name: \_\_\_\_\_ Location: \_\_\_\_\_ Tel No: \_\_\_\_\_

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

**NOTE:** Where possible the need for medicines to be administered at the school should be avoided. Parents are therefore requested to try to arrange the timing of doses accordingly.

I agree to members of staff administering medicines/providing treatment to my child as directed above.

**Signed and agreed:**

*Parent / Guardian*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

*School Representative*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

|                    |                      |                      |                      |
|--------------------|----------------------|----------------------|----------------------|
| Date               | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Time given         | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Dose given         | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Name of medication | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Administered by    | <input type="text"/> | <input type="text"/> | <input type="text"/> |

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| Time given         | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Dose given         | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Name of medication | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Administered by    | <input type="text"/> | <input type="text"/> | <input type="text"/> |

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| Dose given         | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Name of medication | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Administered by    | <input type="text"/> | <input type="text"/> | <input type="text"/> |

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| Dose given         | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Name of medication | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Administered by    | <input type="text"/> | <input type="text"/> | <input type="text"/> |

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| Dose given         | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Name of medication | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Administered by    | <input type="text"/> | <input type="text"/> | <input type="text"/> |