



THE MOSLEY ACADEMY, ANSLOW

PARENTAL REQUEST FOR THE ADMINISTRATION OF MEDICINES IN SCHOOL

TO BE COMPLETED BY THE PARENT/GUARDIAN OF ANY CHILD REQUESTING DRUGS TO BE ADMINISTERED UNDER THE SUPERVISION OF SCHOOL STAFF OR WHERE CHILD IS BRINGING MEDICINE INTO SCHOOL WHICH THEY WILL SELF ADMINISTER.

If you need help to complete this form, please contact the school. Please complete in **BLOCK** letters.

Name of Child: _____

Date of Birth: _____

Address: _____

School: _____

Date: _____

Doctor's Name: _____

Signed: _____

Parent/Carer

PRESCRIBED MEDICINES

The Doctor has prescribed (as follows) for my child

| Name of Medicine to be given and any special storage instructions | When: lunchtime? after food? when wheezy? before exercise? | How much: ½ teaspoon? 1 tablet? 2 drops? | Route: by mouth? in each ear? | Date Continuous please ✓ | |
|-------------------------------------------------------------------|------------------------------------------------------------|---------------------------------------------|----------------------------------|-----------------------------|--------|
| | | | | Start | Finish |
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