



Langshott Primary School
 Smallfield Road
 Horley, Surrey, RH6 9AU
 Tel: 01293 776341

PUPIL MEDICATION REQUEST

Prescribed medicine only may be left at school to be administered.

Child's Name:Class

Parent/Carer's Surname if different:

Home Address:

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Condition or Illness:

Telephone Numbers: Home Work Mobile

G.P. Name: Location: Tel. No.:

- I agree to members of staff administering medicines/providing treatment to my child as directed below.
- Please telephone the Office to remind them prior to the time to be administered.
- I agree to update information about the child's medical needs held by the school.
- I will ensure that the medicine held by the school has not exceeded its expiry date.
- I will ensure that the medicine is collected and removed from School premises at the end of each school day.

Signed Date
 (Parent/Carer)

Name of Medicine	Dose	Frequency/Times	Completion date of course if known	Expiry date of Medicine
Special Instructions: (e.g. Storage in Refrigerator, etc.)				
Allergies:				
Other prescribed medicines Child takes at home:				

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