



REQUEST FOR STORAGE AND ADMINISTRATION OF MEDICINE IN SCHOOL

Prescribed medicine should be in a container clearly labelled (by pharmacist) with name of child, name of medicine and instructions for use. Non-prescribed medicine should be in the original container with manufacturer's guidelines/instructions. Please hand your medications in to the welfare office. In order for your child to be supervised during the administration of his/her medicine in school, parents /guardians are requested to complete the following details. If there are any changes to this medicine or the dosage you must notify the welfare office immediately.

Please ensure your child knows that medicines, tablets and inhalers must not be shared.

Childs Name : _____ Tutor _____ Date of birth _____

Address: _____

_____ Post Code: _____

Condition/Illness/ Allergy: _____

Medication: Name/Type _____

How long your child needs to take this? _____

Full directions for use:

Dosage and method: _____

Times to be given: _____

Parent/Guardian Contact Information:

Name: _____ Relationship to child: _____

Tel no: _____ Mobile number: _____

I understand that I must deliver this medication to the welfare office, and that it is against school policy for pupils to carry medication.

Parent /Carer signature: _____

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