



ST ALBANS
SCHOOL

SCHOOL NURSES – MEDICAL ROOM
Abbey Gateway, St Albans, Hertfordshire AL3 4HB
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Headmaster: Jonathan WJ Gillespie MA (Cantab) FRSA

PARENTAL REQUEST FOR THE SCHOOL NURSE TO ADMINISTER OVER-THE-COUNTER MEDICINE

Student's Name _____ Form _____

Date _____

Illness / Condition for which the medication is indicated _____

Name of Medication _____

Dose to be given _____ and at what times _____

Please note it is the pupil's responsibility to come to the nurse for their medication. Please discuss this with your child.

End of course date _____

Does this medication need refrigeration? Yes / No

Can your child self-medicate? Yes / No

Expiry date _____ Number of tablets / quantities given to school _____

Please note that all medication given to school must be licensed for children, in the original container, in date and include instructions for administration, dosage and storage.

- The above information is, to the best of my knowledge, accurate at the time of writing.
- I give consent to the School Nurses to administer the medicine in accordance with the School Medicines Management policy.
- I will inform school in writing if there is any change to the above information or if the medicine is stopped.

Parent / Carer's Signature _____

Print Name _____ Date _____

Contact telephone number should the nurse need to discuss _____

Please use a separate form for each medication.

Other forms are available for prescribed medication and consent to the use of school Adrenaline Autoinjectors / Salbutamol Inhalers.