



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 PRESCRIBED 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 as dispensed by the pharmacy and clearly labelled with the student's name and directions of use.

- 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 over-the-counter medication and consent to the use of School Adrenaline Autoinjectors.