



THE MINSTER NURSERY AND INFANT SCHOOL

SCHOOL OF INSPIRATION
DETERMINATION HONOUR BELIEVE
PREPARING FOR A BRIGHT FUTURE WITH INNOVATIVE AND EXCITING LEARNING

PARENTAL REQUEST FOR THE ADMINISTRATION OF MEDICINES IN SCHOOL

To be completed by the parent/guardian of any child requesting medication to be administered under the supervision of school staff.

The school will not give your child medicine unless you complete and sign this form, and the Headteacher has agreed that school staff can administer the medication. Please note non prescriptive medication will be administered at the schools' discretion. We will only administer paracetamol/ibuprofen for a maximum of 5 days unless provided with a doctor's note.

Name of child..... Class.....

Doctors surgery:

Name of medication as described on container	Time of doses	Dosage amount	Prescribed by doctor Yes/No	Number of days medication is to be taken

Contact details

Name..... Telephone No.....

Relationship to Pupil:.....

Address.....

Condition or illness:.....



WE ARE A VOLUNTARY AIDED (VA) SCHOOL WITHIN THE DIOCESE OF SOUTHWARK
HEAD TEACHER: MRS STEPHANIE EDMONDS *B Ed HONS*

Warrington Road, Croydon CR0 4BH
email: office@minsterinfants.co.uk

telephone: 020 8688 5844
www.minsterinfants.co.uk

Please bring your child's medicine to the office, **DO NOT hand to your child's class teacher.**

I understand that staff will be acting voluntarily in administering medicines to children.

I undertake to collect all medicines from the school when they are no longer required, expired, and at the end of each term.

Signature:.....

Date:.....



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