



PARENT REQUEST FOR SCHOOL TO ADMINISTER MEDICATION

The school cannot give you child medicine unless you complete and sign this form, and the Principal has agreed that school staff can administer the medicine.

Name of Pupil:	Class:
Contact Telephone Number:	
Condition or Illness: _____ _____	
Medication:	
Name/Type of Medication (as described on the container):	
Date Dispensed:	
How long will your child take this medication?:	
Full Directions for use:	
Dosage:	
Timing (How Often):	
Method (Oral/External/Etc):	
Any particular problems with administration?	
Side Effects:	

I will ensure that the class staff are aware of when the medicine will arrive at school.

I understand that the medicine must be delivered personally to the school office and accept that this is a service which the school is not obliged to undertake.

Date: _____ **Signature:** _____

Relationship to Child: _____

Please complete another form if any of the above information changes.

The Godolphin Junior Academy
Oatlands Drive
Slough
Berkshire
SL1 3HS

T: 01753 521481
E: gjaooffice@theparkfederation.org

The Park Federation Academy Trust
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Botwell Common Road
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UB3 1JA

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E: tpfooffice@theparkfederation.org

Mrs Helen Abell
Principal
habell@theparkfederation.org

Dr. Martin Young
Chief Executive & Federation Principal
myoung@theparkfederation.org



NB: Children under the age of 16 should not be given aspirin or medicines which contain Ibuprofen, unless prescribed by a doctor. Therefore, if you wish your child to take Ibuprofen in school, please could you ask your doctor for a prescription and then send the Ibuprofen into school with the chemist's sticker on the original box/bottle.

The Principal reserves the right to withdraw this service.

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