



KINGSLEA PRIMARY SCHOOL

Kings Road, Horsham, West Sussex, RH13 5PS

Headteacher: Mr A Conway
Deputy Head: Miss E Henderson

Tel: (01403) 254282
Fax: (01403) 263650
Email:office@kingslea.org.uk

Dear Parent

ADMINISTRATION OF NON-PRESCRIBED MEDICATION

The only non-prescribed medications that can be administered by the school are:

- Liquid paracetamol (Capol) – only to pupils over 10 years of age, with parent’s permission
- Travel sickness tables – to pupils going on a school trip

In these cases the following conditions apply:

- Medication must be in the pharmacist’s original container.
- Details of times and quantity of dosage must be clearly indicated in writing.
- You must ensure that an adequate supply is provided and that you are aware when additional supplies are required.

Although educational establishment staff do not have a duty to give medicines, the staff at Kingslea have agreed medicines can be administered under these conditions. Should you prefer to come in and administer your child’s own medication, you are of course free to do so, or indeed, should you not comply with the above we would expect you to do this.

Yours sincerely

Alexis Conway
Headteacher

Please return to the school office

ADMINISTRATION OF NON-PRESCRIBED MEDICATION

Child’s name Class

Please tick one

- I would like the school to administer my child’s medication and I agree to the conditions specified. (Complete details overleaf).
- I would like to administer my child’s medication myself.

Signed (Parent/Carer) Date



**KINGSLEA PRIMARY SCHOOL
NON-PRESCRIBED MEDICATION AUTHORISATION**

The school are unable to administer medication to your child unless you complete and sign this form.

DETAILS OF PUPIL

Surname: _____ Class: _____

Forename: _____ Male/Female: _____

Address: _____

_____ D.O.B. _____

Condition or illness _____

MEDICATION

Name/type of medication (as described on the container): _____

For how long will your child take this medication: _____

Date dispensed: _____

FULL DIRECTIONS FOR USE

Dosage and method: _____

Timing: _____

Special precautions: _____

Side effects: _____

Self Administration: _____

Procedures to take in an emergency: _____

CONTACT DETAILS

Name: _____ Daytime telephone no: _____

Relationship to pupil: _____

Address: _____

I understand that I must deliver the medicine personally to (office or agreed member of staff) and accept that this is a service which the school is not obliged to undertake.

Signature: _____ Date: _____

