



# 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 PRESCRIBED MEDICATION

Medication can only be administered by school staff under the following conditions:

- Medication must be in the pharmacist's original container complete with prescription label showing the child's name
- 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

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**Please return to the school office**

## ADMINISTRATION OF 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  
PRESCRIBED MEDICATION AUTHORISATION**

The school will not 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: \_\_\_\_\_

