



Whitstable Junior School

Ref: 1

Oxford Street, Whitstable, Kent, CT5 1DB

Tel: (01227) 272385

Head Teacher : Ms Sarah Kent

e-mail: manager@whitstable-junior.kent.sch.uk

Parental Medical Advisory Request From and agreement to administer medicine

The school will not give your child medicine unless you complete and sign this form.

PUPIL DETAILS

Surname:	Forename(s):	Class:	DOB:
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Condition/ physical disability or illness:

MEDICINE

Name of medicine as described on the label:	
Dosage & timings:	
Time last dose given (if applicable)	
Next/earliest dose due (if applicable)	
Special precautions/other instructions:	
Self-administer with adult present? y/n :	
Procedure to take in an emergency:	
Name of child's Doctor:	
Doctor's Tel No/ Address	

I consent to any emergency medical treatment necessary during the course of the residential trip:

SIGNED..... DATE.....Parent/Carer

EMERGENCY CONTACT DETAILS

Name:	
Daytime telephone number:	
Evening telephone number:	
Relationship to child:	

I understand that I must deliver the medicine personally to Miss Lay and accept that this is a service which the school is not obliged to undertake. I will notify the school of any changes in dosage or frequency of the medication or if the medicine is stopped. I consent to school/setting staff to administer medicine in accordance with the school's policy.

Signature: _____ Date: _____

