



**MEDICATIONS RECEIVED/ PARENTAL CONSENT TO ADMINISTER
MEDICINES/CHILD SELF -ADMINISTERS**

All medicines are required to be in the original packaging as dispensed by the pharmacy.

PLEASE PRINT

Name of Pupil	
Date of Birth	
Year/Tutor Group	
Medical Condition/Illness	

PRESCRIBED MEDICINES (1)

Name of Medicine	
Date/Quantity sent to SGS	
Date/Quantity Received by SGS (SCHOOL TO COMPLETE)	
Expiry Date	
Dosage and Method	
Timing of Medication	
Special Precautions/other Instructions	
Are there any side effects that the school need to be aware of?	
Self-administration Yes/No	
Procedure in case of an emergency	

PRESCRIBED MEDICINES (2)

Name of Medicine	
Date/Quantity sent to SGS	
Date/Quantity Received by SGS (SCHOOL TO COMPLETE)	
Expiry Date	
Dosage and Method	
Timing of Medication	
Special Precautions/other Instructions	
Are there any side effects that the school need to be aware of?	
Self-administration Yes/No	
Procedure in case of an emergency	

PRESCRIBED MEDICINES (3)

Name of Medicine	
Date/Quantity sent to SGS	
Date/Quantity Received by SGS (SCHOOL TO COMPLETE)	
Expiry Date	
Dosage and Method	
Timing of Medication	
Special Precautions/other Instructions	
Are there any side effects that the school need to be aware of?	
Self-administration Yes/No	
Procedure in case of an emergency.	

NON – PRESCRIBED MEDICINES (1) - (OVER THE COUNTER MEDICINES)

Name/ Type of medicine	
Date/Quantity sent to SGS	
Date/Quantity Received by SGS (SCHOOL TO COMPLETE)	
Reason for medicine	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instruction	
Are there any side effects that the school need to know about?	
Procedure in case of emergency	

NON – PRESCRIBED MEDICINES (2) - (OVER THE COUNTER MEDICINES)

Name / type of medicine	
Date/Quantity sent to SGS	
Date/Quantity Received by SGS (SCHOOL TO COMPLETE)	
Reason for medicine	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instruction	
Are there any side effects that the school need to know about?	
Procedure in case of emergency	

NON PRESCRIBED MEDICINES (3) (OVER THE COUNTER MEDICINES)

Name of Medicine	
Date/Quantity sent to SGS	
Date/Quantity Received by SGS (SCHOOL TO COMPLETE)	
Expiry Date	
Dosage and Method	
Timing of Medication	
Special Precautions/other Instructions	
Are there any side effects that the school need to be aware of?	
Self-administration Yes/No	
Procedure in case of an emergency	

I give consent for medications to be administered by staff members.	Please sign for <u>each</u> consent
I give consent for my child to self-administer their own medication.	
I consent to medical information held by Spalding Grammar School to be shared with emergency services if required.	
I consent to medications being returned to my child at the end of the year.	
Please print name	

JET 23.5.23

Please return this form with the medication to reception in a sealed envelope with the students name and marked FAO Ms J Thompson. If you require further sheets or if you have any queries, please contact Ms J Thompson. 01775 765800 Ext 205