



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

**THIS FORM IS ONLY REQUIRED WHEN MEDICATION IS BROUGHT INTO THE
SCHOOL. ALL MEDICATIONS MUST BE HANDED TO RECEPTION AT THE
BEGINNING OF THE SCHOOL DAY.**

**All medicines are required to be in the original packaging as dispensed by the
pharmacy/store when brought into the school.**

****ALL MEDICATION MUST BE AGE APPROPRIATE****

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	

NON – PRESCRIBED MEDICINES (1) - (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	



NON – PRESCRIBED MEDICINES (2) - (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 course/year.	
<u>EPIPEN MEDICATION ONLY</u> <u>I CONSENT TO STAFF</u> <u>ADMINISTERING THE SCHOOL</u> <u>EPIPEN IF REQUIRED</u>	
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 210