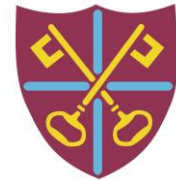


# St. Peter's Catholic Primary School

Headteacher  
Richard McKenzie B.Ed.Hons

Grange Road  
Leatherhead KT22 7JN  
Telephone: 01372 274913  
Fax: 01372 279913

E-mail address: [office@stpeters-leatherhead.surrey.sch.uk](mailto:office@stpeters-leatherhead.surrey.sch.uk)  
Website: [www.stpeters-leatherhead.surrey.sch.uk](http://www.stpeters-leatherhead.surrey.sch.uk)



## PUPIL MEDICATION REQUEST

School: St. Peter's Catholic Primary School

Child's Name: .....

Address: .....

.....  
.....  
.....

☎ Parent's Home: ..... ☎ Work: .....

☎ G.P: ..... ☎ Mobile: .....

Condition or Illness: .....

### Please tick the appropriate box

- My child will be responsible for the self-administration of medicines as directed below
- I agree to members of staff administering medicines/providing treatment to my child as directed or in the case of an emergency, as staff consider necessary.

Signed ..... Date .....

(parent/carer)

Date	Name of medicine	Dose	Frequency/times	Completion date of course if known	Expiry date of medicine

Special instructions: .....

Allergies: .....

Other prescribed medicines child takes at home: .....

Note: Where possible the need for medicines to be administered at school should be avoided. Parents are therefore requested to try to arrange the timing of doses accordingly

