



Meath Green Infant School
Kiln Lane, Horley, Surrey RH6 8JG Tel: 01293 772708

Headteacher: Mrs H. Powell
Learning and Growing Together



PUPIL MEDICATION REQUEST

CHILD'S NAME _____

CLASS _____

Condition or Illness _____

I agree to members of staff administering medicines / providing treatment to my child as directed below.

I agree to update information about the child's medical needs held by the school.

I will ensure that the medicine held by the school has not exceeded its expiry date.

Signed _____ Date _____

Name of Medicine _____

Dosage _____

Frequency / Times _____

Special Instructions _____

Storage requirements _____

Allergies _____

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.



Email: info@mgis.uk
Website: www.meathgreeninfant.org

