Clayton St John CofE Primary School
Bradford Road, Clayton, Bradford, BD14 6DD
Telephone: 01274 815862
Email: office@claytonce.bdat-academies.org Website: www.claytonce.co.uk

Headteacher: Mrs G Emsley Deputy Headteacher: Mrs L Allingham

SUPPORTING CHILDEN WITH MEDICAL NEEDS IN SCHOOL / ST JOHN'S CARE CLUB
The Administration of Medicines in School / St John's Care Club

The school/St John's Care Club will not give your child any medication unless you complete and sign this form and the Headteacher has confirmed that school staff have agreed to administer the medication and, where necessary, have received appropriate training.

DETAILS OF PUPIL

Surname	
Forename(s)	
Address	M/F
	Date of Birth
	Class/Form
My child ***does /does not** attend St John's Care Club *delete as appropriate	
Condition or illness	
Medication	
Name/type of medication (as described on container)	
For how long will your child take this medication?	
Date dispensed	
Full directions for use	
Dosage and amount (as per instructions on container)	
Method	
Timing	
Special storage instructions (explain if medicine should remain in school or return home daily)	
Special precautions	
Side effects	
Self-administration	
Action to be taken if pupil refuses to take the medication	

Procedures to take in an emergency
CONTACT DETAILS:
Name
Daytime telephone no.
Relationship to pupil
Address

I understand that I must deliver the medication personally to (agreed member of staff) and I consent to authorised staff administering the above medication to my child. I accept that this is a service which the school/St John's Care Club is not obliged to undertake.

I consent to medical information concerning my child's health to be shared with other school/St John's Care Club staff and/or health professionals to the extent necessary to safeguard his/her health and welfare.

I confirm that the medication has been prescribed by a doctor/consultant and that this information has been provided in consultation with my child's doctor/consultant.

Signature		Date
FULL NAME OF PARENT/CARER (IN CAPITALS		
Signature		Date
FULL NAME OF PARENT/CARER (IN CAPITALS		

Each item of medication must be delivered in its original container and must be clearly labelled with the following information:

Pupil's name, name of medication, dosage, frequency of dosage, date of dispensing, storage requirements (if necessary) and expiry date.