



ABBEYS PRIMARY SCHOOL

Melrose Avenue, Bletchley, Milton Keynes, MK3 6PS

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Mrs Jess Fellowes - Headteacher

**Request for School Personnel to Administer
Over the Counter Medication**

Name of Child _____ Class _____

Name of Medication _____

Reason for Medication _____

To be stored in fridge YES/NO

Time to be administered _____ Dosage _____

No. of Days to be taken/ up to 48HRS MAX _____ To be taken home daily YES/NO

Additional Information _____

Name of Parent/Carer _____ Date _____

Signature of Parent/Carer _____

ADMIN USE ONLY

Authorised by Headteacher _____ Date _____

Medicine locked in first aid cabinet in the school office.

Additional Information _____

Date	THIS SECTION MUST BE COMPLETED BY INITIALLING EACH BOX BEFORE MEDICATION IS GIVEN			Medication given	Time	Administered By
	CHECK: Right Child	CHECK: Right Meds	CHECK: Right Time			
	CHECK: Right Child	CHECK: Right Meds	CHECK: Right Time			
	CHECK: Right Child	CHECK: Right Meds	CHECK: Right Time			
	CHECK: Right Child	CHECK: Right Meds	CHECK: Right Time			
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