

Mrs M Martin
Head Teacher

St. John's Church of England (V.A.) School



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Medicine in School

Please note the school will do its best to administer the medicines as required, however, there may be occasions when this is not possible. Please remind your child to go to the office to receive their medicine. If you wish, you may come into school to administer these medicines yourself.

Child's Name: Class

Is having a course of:

(name of medicine)

for:

(condition)

Dosages:

.....

*I confirm that my child is able to self-administer this medication:

*Please delete if not applicable.

Day	Date	Time	Dose Given	Signature
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

THIS FORM MUST BE PHOTO-COPIED AND A COPY BE GIVEN TO THE PARENT

Parent's Signature: Date:

Staff Signature: Date: