



# The Iver Village Junior School

*Believe. Achieve. Succeed Together.*

Head teacher: Miss J. Digweed  
Deputy Head: Mr P. Clifford

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## Request for school to administer prescribed medicine

*Please note that the school will not administer medicine to your child unless it is prescribed by a medical practitioner and you have completed and signed this form.*

*The Head teacher will decide whether or not school staff can administer the medication in accordance with the School's policy.*

### Pupil Details

Name: \_\_\_\_\_ Class: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Medical condition for which medication is prescribed: \_\_\_\_\_

### Medication

Medication name/type: \_\_\_\_\_

Dosage: \_\_\_\_\_

Dates medication to be administered: \_\_\_\_\_

Times medication to be administered: \_\_\_\_\_

Any special instructions: \_\_\_\_\_

### Contact details

Parent/Guardian name: \_\_\_\_\_

Relationship to pupil: \_\_\_\_\_

Daytime telephone number: \_\_\_\_\_

*I request the administration of the above medication by school staff during the school day. I understand that the school will make every effort to ensure that the medication is administered, but that the ultimate responsibility remains with me.*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

(Parent/Guardian)

