



Wykham Park Academy Banbury

an Aspirations Academy

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Miss Sylvia Thomas – Principal of Banbury Aspirations Campus

Dear Parent/Carer

Request for School to Administer Medication

For children that take prescribed medication on a daily basis, for long term or for short term illnesses and it is necessary for it to be taken during school hours, this medication will need to be handed to Student Services at the beginning of the school day in order that it can be stored appropriately. The medication has to be in the original packaging with the child's name clearly labelled, showing the correct dosage. The school will not be able to store or administer any medication that does not fulfil the above requirements.

Wykham Park Academy will also require you to complete the Administration of Medication form on the following page before any medication is accepted by Student Services.

Yours faithfully

Miss Sylvia Thomas
Principal of Banbury Aspirations Campus



Aspirations – Company Registration Number: 07867577
Managing Director: Steve Kenning



Wykham Park
Academy Banbury



Banbury Aspirations
Campus Sixth Form



Miss Sylvia Thomas – Principal of Banbury Aspirations Campus

Request for school to administer medication

The Academy will not give your child medicine unless it is prescribed by a GP and the GP has written to us with details of the medication; you have completed and signed this form and the Principal has agreed that Academy staff can administer the medication.

DETAILS OF STUDENT

Surname: _____

Forename(s): _____

Address: _____ M/F: _____

_____ Date of Birth: _____

_____ Tutor Group: _____

MEDICATION

Name/Type of Medication: (as described on the container) _____

For how long will your child take this medication? _____

Date dispensed: _____

Full Directions for use:

Dosage and method: _____

Timing: _____

Special Precautions: _____

Side Effects: _____

Self Administration: _____

Procedures to take in an Emergency: _____

CONTACT DETAILS

Name: _____ Daytime Telephone No: _____

Relationship to Student: _____

Address: _____

I understand that I must deliver the medicine personally to [agreed member of staff] and accept that this is a service which the Academy is not obliged to undertake.

Date: _____ Signature(s): _____

Relationship to Student: _____

