THE BRITISH SCHOOL IN TOKYO

Request for Medication at School

(Please complete one form per medicine)

Name of pupil / Class	
Date of birth	
Name of medication	
Reason for medication	
Dosage	
Time of dispensing	
Length of prescription (or review date if over the counter medication)	
Route of medication (e.g. by mouth)	
Name of prescribing Doctor or Clinic	
Contact information in case of emergency	Phone & relationship to child:

Please Review and tick the following declarations and sign below:

- ☐ I hereby give my permission for a member of the BST staff to dispense the medicine described above to my child named above.
- ☐ I also understand that it is parents' responsibility to renew medication before it expires.
- ☐ Medication should be in date**, labelled and in the original packaging,** including instruction for administration, dosage and storage.
- ☐ I understand that I should supply and dispose of any medication that school holds for my child.
- ☐ BST cannot administer any expired medicine in school and *all the expired medicine will be sent home by the end of the expired month.*
- ☐ For prescribed medicine; I have provided a copy of the prescription.

Signed by Parents _____

Date (dd/mm/yyyy)_____