



## REQUEST FOR THE SCHOOL TO GIVE NON-PRESCRIBED MEDICATION

Dear Headteacher

Date.....

I request that ..... (pupil name) be given the following medication while at school:

Date of birth.....

Class.....

Medical condition or illness.....

Name of medicine.....

Expiry date.....

Duration of course.....

Dosage and method.....

Time to be given.....

Additional instructions.....

Will the child self-administer this medication?.....

I confirm that the above medication has been prescribed administered previously to the child without adverse effect.

Name and telephone number of GP .....

I understand that I must deliver the medicine personally to (agreed member of staff) and accept that this is a service that the school is not obliged to undertake. I understand that I must notify the school of any changes in writing.

Signed .....

Print Name ..... (Parent/Guardian)

Daytime telephone number .....

Address .....

.....

Note to parents:

- 1 Medication will not be accepted by the school unless this form is completed and signed by the parent or legal guardian of the child and that the administration of the medicine is agreed by the Headteacher.
- 2 Medicines must be in the original container as dispensed by the Pharmacy.
- 3 The agreement will be reviewed on a termly basis.
- 4 The Governors and Headteacher reserve the right to withdraw this service.