



REQUEST FOR THE SCHOOL TO GIVE 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?.....

The above medication has been prescribed by the GP or hospital doctor (Health Professional note received as appropriate). It is clearly labelled indicating contents, dosage and child's name in FULL.

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.

