

REQUEST FOR THE SCHOOL TO GIVE MEDICATION

I request that (full name of child)

Form be given the following medication:

..... (name of medicine)

..... (dosage)

at the following times during the day:

.....

Only medication which has been prescribed by the family doctor can be administered. It should be clearly labelled indicating contents, dosage and child's name in FULL. (NB: Non-prescription items like Paracetamol cannot be kept by the school.)

I understand that the medicine must be delivered personally to a school's First Aider and accept that this is a service which the school is not obliged to undertake.

SIGNED: Parent/Guardian

ADDRESS:

.....

TELEPHONE:

DATE:

NOTE:	Medication will not be accepted by the school unless this letter 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.
	The Governors and Headteacher reserve the right to withdraw this service.