

REQUEST FOR SCHOOL TO ISSUE PRESCRIBED MEDICATION

SCHOOL	
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Dear Head Teacher

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

Name of Medication	Date Prescribed	Duration Of Course	Dose Prescribed	Time(s) to be given

The above medication has been prescribed by the family or hospital doctor. It is clearly labelled indicating contents, dosage, expiry date and child's name in full.

PLEASE PRINT

GP Name	
GP Address	

I understand that the medication will be administered to

Child's Name	
Date of Birth	

and accept that this is not a service that the school is obliged to undertake.

Parent/Guardian Name	
Home Address	
Signature of Parent/Guardian	
Date	

It is the Parent/Guardian's responsibility to ensure that there is sufficient medication available and that it is in date.

PLEASE NOTE
<p>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 the administration of the medication is agreed by the Head-teacher.</p> <p>The Head-teacher reserves the right to withdraw this service.</p>