

REQUEST FOR THE SCHOOL TO GIVE MEDICATION

Dear Headteacher,

I request that(Full name of Pupil) be given the following prescription medicine(s) while at school:

Date of birth		Year group/Class	
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Medicine Number 1

Medical condition or illness			
Name/type of Medicine (as described on container)			
Expiry date			
Duration of course	Start date :	End date:	
Dosage and method			
Time(s) to be given			
Other instructions			

Medicine Number 2

Medical condition or illness			
Name/type of Medicine (as described on container)			
Expiry date			
Duration of course	Start date:	End date:	
Dosage and method			
Time(s) to be given			
Other instructions			

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

Name of GP

Surgery name

Daytime telephone number

Address

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I understand that I must deliver the medicine personally to the office and accept that this is a service that the school/setting is not obliged to undertake. I understand that I must notify the school/setting of any changes in writing.

Signed Print Name
(Parent/Guardian)

Date:

Daytime telephone number

Parent Address

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Important Notes to parents:

- 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 or in her absence the Office Manager.
- Medicines must be in the original container as dispensed by the Pharmacy.
- The agreement will be reviewed on a termly basis.
- The Governors and Headteacher reserve the right to withdraw this service
- The school strongly advises parents to consider administering any medicines themselves to ensure that the child receives the correct dosage at the correct time.
- The school cannot be held responsible if medicine is not administered or is administered incorrectly.
- It is the parent's responsibility to collect any long term medications, e.g. Epi-pens and inhalers at the end of each term and check they are still in date before returning them to school at the start of the next term.

Agreed by school? Yes/No

Signed Print Name
(Headteacher/Office Manager)