REQUEST FOR THE SCHOOL TO GIVE MEDICATION

Dear Headteacher,			
I request that		(Full name of Pupil) b	e given the following
prescription medicine(s)		, , ,	
Date of birth		Year group/Class	
Medicine Number 1	<u> </u>		
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			

FULL. Name of GP Surgery name Daytime telephone number Address 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. I also understand that due to the busy nature of the school life the administration of my child's medicine may be missed; therefore I have been advised by the school to administer my child's medicine myself to ensure that the correct dosage is given at the right time. I confirm I have read and understood the above statement. Signed Print Name (Parent/Guardian) Date: Daytime telephone number Parent Address **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 Lead First Aider. 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/Lead First Aider)

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