

REQUEST FOR THE SCHOOL TO GIVE MEDICATION

Dear Headteacher

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

Date of birth: Form:.....

Medical condition/illness/allergy:

.....
.....

Name/type of Medicine (as described on the container):

.....
.....

Expiry date:.....

Duration of course:.....

Dosage and method

.....
.....

Time(s) to be given:.....

.....
.....

Other instructions/special precautions e.g. to be taken with/before/after food:

.....
.....

Are there any side effects from the medications we need to be aware of:

.....
.....

Time most recent medication administered:.....

Procedures to take in an emergency:.....

.....
.....

Self-administrator:

Yes/No (mark as appropriate)

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 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/setting is not obliged to undertake. I understand that I must notify the school/setting of any changes in writing.

Signed (Parent/Carer):..... Print Name:.....

Daytime telephone number:.....

Address:
.....
.....

PLEASE SEE NOTES 1- 4 OVER THE PAGE

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.