



REQUEST FOR THE SCHOOL TO GIVE MEDICINE

This form must be completed by parents/guardian. The school will not give your child medicine unless you complete and sign this form and that the administration of the medicine is agreed by the Head Teacher.

I request that: _____ (Full name of pupil) be given the following medicine(s) whilst at school:

Name of medicine: _____

Reason(s)/medical diagnosis: _____

Duration of course: _____

Dose prescribed: _____

Date prescribed: _____

Time(s) to be given: _____

I understand that I must deliver the medicine personally to the school office and accept that this is a service which the school is not obliged to undertake. I also agree to inform the school of any change in dosage immediately.

Signed: _____ (Parent/Legal Guardian)

Print name: _____ (Parent/Legal Guardian)

Date: _____

Medication given/taken	Date	Time	Signed

Notes to Parents

- This agreement will be reviewed on a termly basis
- The Governors and Head Teacher reserve the right to withdraw this service