



REQUEST FOR THE SCHOOL TO GIVE MEDICATION (March 2022onwards)

Dear Headteacher,

I request that be given the following medicine(s):

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Date of birth.....

Year Group

Medical condition or illness.....

Name/type of Medicine
(as described on container)

Expiry date of medicine.....Start date of course.....Duration of course.....

Dosage and methodTime(s) to be given.....

Other instructions

.....

Self-administration 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

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent for school staff to administer medicine in accordance with the relevant policies.

I understand that I must deliver the medicine personally to (Mrs Clough or 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.

SignedPrint Name
(Parent/Guardian)

Daytime telephone numberDate

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.