



TOWER HOUSE SCHOOL

REQUEST FOR TOWER HOUSE STAFF TO ADMINISTER MEDICINE

BOY'S NAME: YEAR GROUP:

DATE:

MEDICAL CONDITION:

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NAME OF MEDICINE:

DOSE TO BE GIVEN:

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PARENT NAME: TEL NO:

OTHER: TEL NO:

Medicine is given by staff on a voluntary basis.

Tower House School accepts no responsibility for the medicine, dosage, or effect of such on the pupil.