

## REQUEST FOR THE SCHOOL TO GIVE MEDICATION

<b>Child's Name:</b>	
<b>Year Group / Class Name:</b>	
<b>Name of Medicine:</b>	
<b>Dosage Required:</b>	
<b>Time(s) to be Given:</b>	
<b>Duration of medication:</b>	<b>Date From:</b> <span style="float: right;"><b>To:</b></span>

If the above medication has been prescribed by the family doctor, it will be clearly labelled indicating contents, dosage and child's name in **FULL**. All other medication will be given as per instructions on the packet or as stated by the parent.

I understand that the medicine must be delivered personally to a member of staff and accept that this is a service which the School is not obliged to undertake.

Signed by Parent / Carer:	
Date:	

***PLEASE NOTE: Medication will not be accepted in the School unless this form is completed and signed by the parent or legal guardian of the child and administration of the medicine is agreed by the Headteacher.***

***The Governors and Headteacher reserve the right to withdraw this service.***

***Whilst the School will endeavour to ensure that your child is given the above medication, we cannot accept responsibility if it is forgotten or not administered on time. If therefore it is vital that your child takes the medication during the day, we suggest that you come in to School to administer the medication personally.***