

EXCALIBUR PRIMARY SCHOOL

REQUEST FOR THE SCHOOL TO GIVE MEDICATION

Dear Headteacher

I request that (Full name of pupil) Date of Birth:

Childs Address:.....
be given the following medicine(s) while at school:

Name of Medicine		Duration of Course	
Dose Prescribed		Date Prescribed	
Time(s) to be given		Date/Time Last Dosage	
Expiry Date		Storage Details	Fridge/No Fridge

The above medication has been prescribed by the family or hospital doctor. It is clearly labelled indicating contents, dosage and child's name in **FULL**.

I understand that the medicine must be delivered to the school by myself or the under-mentioned responsible adult.

.....
and accept that this is a service which the school is not obliged to undertake and also agree to inform the school of any change in dosage immediately.

Signed..... Print Name.....
Parent/Guardian/Carer

Telephone/Contact Number

Address if different from above:
.....

Date:

G.P. Name:

Address:
.....

Telephone No:

Notes 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. This agreement will be reviewed on a termly basis.**
- 3. The Governors and Headteacher reserve the right to withdraw this service.**

