



PENSBY Primary School

REQUEST FOR THE SCHOOL TO GIVE MEDICATION

Dear Headteacher

I request that (Full name of Pupil) be given the following prescribed medicine(s) while at school:

Name of Medicine _____

Duration of course _____

Dose Prescribed _____

Date Prescribed _____

Time(s) to be given _____

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 undermentioned responsible adult.

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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: **Parent/Guardian**

Address:

Date:

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.
- 4 Medicines will be administered once a day if approved.

MEDICINE TO BE GIVEN BY MRS BROWN AND IN HER ABSENCE MRS SPENCER

