



ST JAMES' CATHOLIC PRIMARY SCHOOL

REQUEST FOR THE SCHOOL TO GIVE MEDICATION

CONDITION: _____

Dear Headteacher,

I request that _____ (full name of pupil) be given the following medication whilst at the Year 6 Lockerbie Residential:

Name of Medicine	Duration of Course	Dose Prescribed	Date Prescribed	Times to be Given
Paracetamol (School to provide if necessary)	2 days	5ml	15 th – 17 th June 2026	No more than 4x Daily
Antihistamine (School to provide if necessary)	2 days	As per instructions	15 th – 17 th June 2026	As per dosage instructions for age.

Anything additional to the already pre-populated rows (which school will provide) is medication that has been prescribed by a 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 personally to: Mrs Gillis by **Friday 12th June** and understand that this is a service which the school is not obliged to undertake.

Signed _____ (Parent/Carer)

Address _____

Date _____

NOTE: 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 with the Headteacher. The Governors and Headteacher reserve the right to withdraw this service.