



ST. SAVIOUR'S CE (VC) *Primary School*

REQUEST FOR THE SCHOOL TO GIVE MEDICATION

Dear Head Teacher

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

Name of medicine.....

Duration of course.....

Dose prescribed.....

Date prescribed.....

The above medication has been prescribed by the family or hospital doctor. It is clearly labeled indicating the 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 I accept that this is a service which the school is not obliged to undertake and I also agree to inform the school of any change in dosage immediately.

Signed(Parent/Carer)

Print name:(Parent/Carer)

Address:

Date:

Notes to Parents/Carer

- 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 Head Teacher.
- 2) This agreement will be reviewed on a termly basis.
- 3) The Governors and Head Teacher reserve the right to withdraw this service