

LOSTOCK GRALAM CE PRIMARY SCHOOL

REQUEST FOR THE SCHOOL TO GIVE MEDICATION

Dear Headteacher,

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

Date of birth Group/class/form

Medical condition/ illness/allergy

Name/type of Medicine
(as described on container)

Expiry date..... Duration of course.....

Dosage and method Time(s) to be given.....

Other instructions/Special precautions e.g. to be taken with/before/after food

Are there any side effects that the establishment needs to know about?

Time most recent medication administered.....

Procedures to take in an emergency

Self administration Yes/No (mark as appropriate)

The above medication has been prescribed by the family or hospital doctor (Health Professional note received as appropriate). It is clearly labelled indicating contents, dosage and child's name in FULL.

Name and telephone number of GP

I understand that I must deliver the medicine personally to (agreed member of staff) and accept that this is a service that the school/setting is not obliged to undertake. I understand that I must notify the school/setting of any changes in writing.

SignedPrint Name
(Parent/Guardian)

Daytime telephone number

Date

