

Huntington CP School



REQUEST FOR THE SCHOOL TO GIVE MEDICATION

Dear Headteacher,

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

Date of birth _____ Group/class/form _____

Medical condition or illness _____

Name/type of Medicine _____
(as described on container)

Expiry date _____ Duration of course _____

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

Other instructions _____

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**.

Name and telephone number of GP
.....

I understand that I must deliver the medicine personally to the headteacher (or in their absence a nominated member of staff) and accept that this is a service that the school is not obliged to undertake. I understand that I must notify the school of any changes in writing.

Signed _____ Print Name _____ (Parent/Guardian)

Date _____

Daytime telephone number _____

Address

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 the administration of the medicine is agreed by the Headteacher.
2. Medicines must be in the original container as dispensed by the Pharmacy.
3. The agreement will be reviewed on a termly basis.
4. The Governors and Headteacher reserve the right to withdraw this service.