



MOSSLEY CE PRIMARY SCHOOL

REQUEST FOR THE SCHOOL TO ADMINISTER MEDICATION

Dear Head Teacher

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

Date of Birth..... Class Teacher.....

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.....

Start date..... End date.....

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 of any changed in writing.

Signed..... (parent/guardian) Print Name.....

Daytime telephone number.....

Address

Note 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 Head Teacher.
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 Head Teacher reserve the right to withdraw this service