

WALLSEND JUBILEE 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 school:

Name of Medicine	Duration of Course	Dose Prescribed	Date Prescribed	Times to be Given
Administration Details	Date	Time	How much	By Whom

The above medication 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 Willis or Mrs Oliver and understand that this is a service which the school is not obliged to undertake.

Signed.....Parent/Guardian

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.