Aston by Sutton Primary School, Aston Lane, Aston, Runcorn, Cheshire, WA7 3DB

REQUEST FOR THE SCHOOL TO GIVE MEDICINE

Dear Head teacher,

I request that : _____ (Full name of pupil) be given the following medicine(s) whilst at school:-

Name of Medicine : _____
Duration of course : _____
Dose prescribed : _____
Date prescribed : _____
Time(s) to be given : _____

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

Signed : _____ (Parent).

Address : _____.
Date : _____.

Notes 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. This agreement will be reviewed on a termly basis.
3. The Governors and Head teacher reserve the right to withdraw this service.

Medication given/taken	Date	Time	Signed