

Name of pupil .....

Class.....

Date of birth .....

Teacher.....

**HOLMES CHAPEL PRIMARY SCHOOL**

**REQUEST FOR THE SCHOOL TO GIVE PRESCRIBED MEDICATION**

Dear Headteacher,

I request that my child be given the following **prescribed** medicine(s) while at school:

Medical condition or illness .....

Name/type of **Prescribed** Medicine .....  
(as described on container)

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

Dosage and method ..... Medication is given at noon

Other instructions .....

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 **prescribed** medicine personally to the School Office 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 .....  
.....

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 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