

St Michael's CE Primary School, Sunninghill, Ascot SL5 7AD

Request for the school to give medication

This form and medication must be taken to the school office.

I request that (Full name of child)

..... (Class)

..... (Class Teacher's Name)

be given the following medication (name of medication)

..... (Dosage)

at the following times during the day

until (last date for medication to be taken)

The above medicines have been prescribed by the family doctor. They are clearly labelled indicating contents, dosage and child's name.

I understand that the medicine must be delivered to the office and accept that this is a service which the school is not obliged to undertake.

Signed: Parent / Guardian

Date:

Contact telephone number should advice be required on the administering of the medication:

.....

Please note the following:

1. Medication will not be accepted in the school unless this letter 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. The usual time for giving medicines is at lunchtime, by a lunchtime controller.
3. Any long term medication must be discussed with the Headteacher.
4. The Headteacher reserves the right to withdraw this service.

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For use by persons administering medication:

Date medication given Time medication given Initial