

CLEDFORD PRIMARY SCHOOL

REQUEST FOR THE SCHOOL TO GIVE MEDICATION

I request that(full name of pupil) be given the following medicine(s) while at school as it is prescribed to be taken more than 3 times a day.

Name of Medicine	Duration of Course	Dose Prescribed	Date Prescribed	Time to be given

The above medicine has been prescribed by the 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 to the school by myself or an authorised 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.

Parent/Carer signature:

Date:

<p>Notes to Parents:</p> <ol style="list-style-type: none">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 Federation Headteacher2 This agreement will be reviewed on a termly basis.3 The Federation Governing Board and/or Federation Headteacher reserve the right to withdraw this service
--