

TARVIN PRIMARY SCHOOL

REQUEST FOR THE SCHOOL TO GIVE MEDICATION

Dear Headteacher

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 or hospital doctor. We can only administer medicine that has been prescribed other than in exceptional circumstances. It must clearly be labelled indicating contents, dosage and child's name in FULL.

Please note that we cannot administer, under any circumstances, Ibuprofen or Aspirin if it has not been issued on prescription.

I understand that the medicine must be delivered to the school by myself or a named adult and I 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.

Signature of Parent/Guardian

Address

Tel No.

Date

NOTE: Medication will not be accepted by the school unless this medical 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.

**This agreement will be reviewed on a termly basis
The Governors and Headteacher reserve the right to withdraw this service**