



Request for St Paul's to Administer Medicine

Dear Headteacher

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

Medical condition or illness.....

Name/type of Medicine.....

Expiry date if to be kept in school..... Duration of Course.....

Dosage and method..... Time to be given.....

Other instructions.....

Self-administration Yes/No (mark as appropriate)

The above medication has been prescribed by the family or hospital Doctor. 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 and collect the medicine personally to and from 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

Daytime contact number.....

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. Medicines will only be dispensed if there is a requirement for 4 doses per day.