



All Souls Catholic Primary School

Request For Medicine To Be Administered In School

To Head Teacher

From (Parent/Guardian)

The doctor has advised that it is necessary for the named child to receive his/her medicine during school time for days.

Child's Name

Name of Medicine

Medicine Type Tablet/Liquid Mixture/Inhaler/Cream/Capsule/Other

Please specify by circling type of medicine given

Dosage

Number of Doses required/at what time

Any precautions, special arrangements or side effects:

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I understand that the Head Teacher and staff of All Souls Catholic Primary School cannot be held responsible for any problems which may arise from the administration of medicine when given in accordance with these instructions.

Signed (Parent/Guardian)

Date