Form 3a – request for school to give medication

Dear Head of School,

I request that …… (Full name of pupil)

Date of birth ……..……

Class …….

Be given the following medicine(s) while at school:

Name/type of medicine (as described on container): …….

Medical condition or illness ……

Symptoms: …….....

…….

Treatment …….

Dosage and method ……

……

Times to be given …….

Aftercare and Other Instructions …….

…….

Duration of course: ……..... Medication end date:…….

Quantity Received & Expiry date: …….

Self-administration: Yes/No (mark as appropriate)

Notes to Parents/Carers:

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 Head Teacher.
2 I understand that I must deliver the medicine personally to (agreed member of staff) and accept that this is a service that the school is not obliged to undertake.
3 Medicines must be in the original container as dispensed by the Pharmacy.
4 The above medication has been prescribed by the family or hospital doctor (Health Professional note received as appropriate). It is clearly labelled indicating contents, dosage and child's name in FULL.
5 I understand that it is my responsibility to collect the medication from the school office at the end of the school day/course of medication/.
6 I understand that I must notify the school of any changes in writing.
7 This agreement will be reviewed on a termly basis.
8 The LGB and Head of School reserve the right to withdraw this service.

Signed (Parent/Guardian) ..... Print Name ……

Daytime Telephone Number: …….....

Address: .....

Name and Telephone No of GP…….

Date: .....