

MORTIMER ST. JOHN'S CE INFANT SCHOOL

REQUEST FOR THE SCHOOL TO GIVE MEDICATION

Dear Headteacher

I request that	<i>(Full Name of Child)</i>
Be given the following Medication	<i>(Name of medication)</i>
Dosage	
At the following times during the day	

The above medications have been prescribed by the family doctor. They are clearly labelled indicating contents, dosage and child's name.

I understand that the medicine must be delivered personally to the approved place in school (see class teacher) and accept that this is a service which the school is not obliged to undertake. I also undertake to make sure that the prescribed medicine is in a fit state and in date to be able to be given to my child.

Signed : _____ *(Parent/Guardian)*

Address : _____

Date : _____

Note: Medication will not be accepted in the school unless this letter is completed and signed by the parent or legal guardian of the child and the administration of the medicine is agreed by the Headteacher. The Headteacher reserves the right to withdraw this service.

TO BE COMPLETED BY THE MEMBER OF STAFF WHEN THE MEDICINE HAS BEEN ADMINISTERED

	Date	Tick		Date	Tick
Monday			Monday		
Tuesday			Tuesday		
Wednesday			Wednesday		
Thursday			Thursday		
Friday			Friday		

IN THE CASE OF LONG TERM/ONGOING MEDICATION

End Date	
Time Of Day	
Storage Instructions	