



## Request for the School to give Medication

Dear Headteacher

I request that .....(full name of pupil)

be given the following medicine(s) while at school.

Name of Medicine	Duration of course	Dose Prescribed	Start date of prescribed medicine	Finish date of prescribed medicine	Time(s) to be given

The above medication has been prescribed by the **family Doctor or hospital Doctor**. It is clearly labelled indicating contents, dosage and child's name in FULL. Over the counter medicines cannot be administered.

**I understand that the medicine must be delivered to the school by myself or named, responsible adult: .....**

**All medicines should be collected after school. 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.**

**Signed** ..... parent/guardian

**Address** .....

.....

**Date** .....

*'Be kind and compassionate to one another, forgiving each other, just as in Christ, God forgave you'*

*Ephesians 4:32*

