

The Piggott School: Charvil Primary

REQUEST FOR THE ADMINISTRATION BY THE SCHOOL OF PRESCRIBED MEDICATION (NON-ASTHMA)



To the Headteacher

I request that(full name of child)

Year group be given the following prescribed medication:

.....(name of medicine)

..... (dosage)

Only medication which has been prescribed by a Doctor can be administered. It should have the prescription label indicating contents, dosage and child's name in FULL.

I understand that the medicine must be delivered by an adult to school reception. I accept that this is a service which the school is not obliged to undertake.

Signed Parent/Guardian

Emergency Telephone No

Date

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| NOTE: | Medication will not be accepted by 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 reserve the right to withdraw this service at any time. |
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I have administered the stated dosage of medication to the child named overleaf.

| Date | Time | Dose | Initials | Date | Time | Dose | Initials |
|------|------|------|----------|------|------|------|----------|
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