## **REQUEST FOR THE SCHOOL TO GIVE MEDICINE**

Dear He	id teacher,
	that : (Full name of pupil) the following medicine(s) whilst at school:-
Duration Dose pre Date pre	Medicine : of course : scribed : of be given :
The abo	ve medicine has been prescribed by the family of hospital doctor. It is clearly labelled g contents, dosage and child's name in FULL.
	and that the medicine must be delivered to the school by myself or the under ed responsible adult:-
	ept that this is a service which the school is not obliged to undertake and also agree the school of any change in dosage immediately.
Signed	: (Parent).
Address	:
Date	·································
	to Deventor
Notes	to Parents:-
<u>Note:</u> 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.
	Medication will not be accepted by the school unless this form is completed and signed by

Medication given/taken	Dosage	Date	Time	Signed