



Dee Point Primary School
Request for the school to give medication

I request that _____ (full name of child) be given the following medicine.

Name of Medicine	Duration of course	Dose prescribed	Date prescribed	Time(s) to be given

The above medication has been prescribed by the doctor or hospital. It is clearly labelled indicating contents, dosage and child's name.

I understand that the medicine must be delivered at the school by myself or a named responsible adult:

and 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 / Carer)

Contact Number _____

Address: _____

Date: _____

Note: Medication will not be accepted by the school unless this form is completed and signed by the parent or legal carer of the child and the administration of the medicine is agreed by the Headteacher.

The agreement will be viewed on a termly basis.

The governors and Headteacher reserve the right to withdraw this service

