



Grange Community Nursery and Primary School Request for the School to Give Medication

Dear Mrs McGilloway,

I request that _____ (full name of pupil) be given the following medicine(s) while at school.

Date of birth: _____ Year Group: _____

Medical condition or illness: _____

Name / Type of medicine (as described on container): _____

Expiry Date: _____ Duration of Course: _____

Dosage and method: _____ Time(s) to be given: _____

Other instructions: _____ Self-administration: Yes / No (delete as appropriate)

Storage: _____

The above medication has been prescribed by the family or hospital doctor (Health Professional note received as appropriate). It is clearly labelled indicating contents, dosage and child's name in full. Name and telephone number of GP:

I understand that I must deliver the medicine personally to an agreed member of staff and accept that this is a service that the school is not obliged to undertake.

I understand that I must notify the school of any changes in writing.

Signed: _____ (Parent / Carer) Print

Name: _____ Daytime telephone number: _____

Address: _____

Note to parents / carers:

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.
2. Medicines must be in the original container as dispensed by the Pharmacy.
3. This agreement will be reviewed on a termly basis.
4. The Head teacher and Governors reserve the right to withdraw this service