



St Mary's
Catholic Primary School and Nursery

REQUEST FOR ST MARY'S TO ADMINISTER MEDICATION

Dear Head teacher,

I request that (Full name of Pupil) be given
the following medicine(s) while at school:

Child's DOB Class..... Year Group N R 1 2 3 4 5 6

Medical condition or illness.....

Name/type of Medicine.....
(as described on packaging)

Expiry date..... Duration of course.....

Dosage and method Time(s) to be given.....

Other instructions

Self-administration: Yes/No (mark as appropriate)

The above medication has been prescribed by the family or hospital doctor (Health Professional note must be received). 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 and collect the medicine personally to and from a member of the admin team 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 **Print Name**
(Parent/Guardian)

Daytime telephone number/s

Address

Note to parents:

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. The agreement will be reviewed on a termly basis.
4. Antibiotics will only be dispensed if there is a requirement for 4 doses per day.

The Governors and Head teacher reserve the right to withdraw this service.

