



Earley St Peter's C of E Primary School

REQUEST FOR SCHOOL TO ADMINISTER MEDICATION

This medication has been prescribed by the family doctor and is CLEARLY labelled showing child's name and dosage required.

- I understand that this medicine must be delivered to the school and collected at the end of the day by an adult, and that this is not a service that the school is obliged to undertake.
- Medicines will not be accepted in school without a signed copy of this form.
- If medication is required more than once, please indicate timings and dosage clearly below.
- I understand that staff will be made aware of child's medical needs.

Name of Child Class.....

Medication

First Dosage Time

Second Dosage Time

End date of treatment (if known)

Expiry date of medicine (for long term medications only)

I request that the medication is given as stated above.

Signed..... Parent/Carer

Relationship to child..... Date.....

For Office use only:

Date	Time	Dose given	Administered by signed	Witnessed by signed	Parents/carer contacted