Our Lady Star of the Sea Catholic Primary School

REQUEST FOR THE SCHOOL TO GIVE MEDICATION

NAME OF CHILD…….. **CLASS ……..**

I request that my above child be given the following medicine(s) while at school:

Name of medicine	***Duration of course***	***Dose Prescribed***	***Date Prescribed***	***Time(s) to be given***

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

I understand that the medicine must be delivered to 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/Guardian

Contact Telephone No. …….

NOTE

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 Headteacher.

This agreement will be reviewed on a termly basis.

The Governors and Headteacher reserve the right to withdraw this service.