



Wescott Infant School

Request for the school to give medication

Dear Headteacher,

I request that(child's name)Class.....

be given the following medication:

.....(full name of medication)

.....(dosage required)

at the following time(s) during the day:

.....(frequency of administration)

on..... (date/s medication needed)

Expiry Date of Medication

During the day the medication needs to be stored in

The above medication has been prescribed by the family doctor. They are clearly labelled, indicating contents, dosage and child's FULL name.

I understand that the medicine must be delivered personally to a member of school staff, and accept that this is a service which the school is not obliged to undertake.

Signed.....(parent/guardian)

Address.....

Date.....

NOTE; Medication will not be accepted in school unless this letter is completed and signed by the parent or legal guardian of the child and administration of the medicine is agreed by the Headteacher.

The Headteacher reserves the right to withdraw this service.

Wescott Infant School
Medicine Administered

Date	Name	Medication Given	Time	Initials