REQUEST FOR MANOR PRIMARY SCHOOL TO GIVE MEDICATION

Dear Headteacher

I request that ..... (Full name of child)

be given the following medication

..... (Name of medicines)

..... (dosage)

At the following times during the day

.....

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

I understand that the medicines must be delivered personally to the office and accept that this is a service which the school is not obliged to undertake.

If the child refuses to take the medicine school staff will not force them to do so. The school will inform the parents.

Signed ..... Parent/Guardian

Address .....

Date .....

N.B. Medication will not be accepted in the 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.

/tracy/medical/medicalrequest

Medication Given

Day	Date	Time	Dose	Who Administered