Saint Mary's Catholic Voluntary Academy

Headteacher - Mr P Ackers
Deputy Headteacher - Mrs S Rudd

REQUEST FOR THE SCHOOL TO ADMINISTER PRESCRIBED MEDICATION

I request that (full pupil name)		
be given the following medicine(s) while at school from today (date)		
Pupil's date of birth		
Medical condition or illness		
Name/type of Medicine (as described on container)		
Expiry date		
Duration of course		
Dosage and method		
Time to be given		
Other instructions (e.g. medicine needs to be refrigerated)		
Self administration	Yes	No
The above medication has been prescribed by the family or hospital doctor (Health Professional note received as appropriate). 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 the medicine personally to an agreed member of staff 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 / Carer)		
Daytime telephone number		

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 Headteacher.
2. Medicines must be in the original container as dispensed by the Pharmacy.
3. The Governors and Headteacher reserve the right to withdraw this service.