

Medicines in School Appendix 1

GOOSTREY COMMUNITY PRIMARY SCHOOL REQUEST FOR THE SCHOOL TO GIVE MEDICATION

Dear Headteacher,

Date:

I request that (Full name of Pupil) be given the following medicine(s) while at school:

Date of birth Group/class/form

Medical condition or illness

Name/type of Medicine
(as described on container)

Expiry date..... Duration of course.....

Dosage and method Time(s) to be given.....

Other instructions

Self administration Yes/No (mark as appropriate)

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 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. I agree to collect any unused medicines at the end of each term to be disposed of. Should I not collect any medicines, I understand the school will take it to a pharmacy to be disposed of in a safe manner.

I have seen and agree to the Medicines in School Policy.

SignedPrint Name
(Parent/Guardian)

Daytime telephone number

Address

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 agreement will be reviewed on a termly basis.
4. The Governors and Headteacher reserve the right to withdraw this service.

