

<b>MEDICAL FORM</b> <b>ASHDENE PRIMARY SCHOOL, WILMSLOW</b>
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**REQUEST TO GIVE MEDICATION IN SCHOOL**

Dear Headteacher,

I request that \_\_\_\_\_  
 [Full name of pupil]  
 D.O.B. \_\_\_\_\_ Class: \_\_\_\_\_

be given the following medicine[s] while at school :

Name of Medicine	Duration of Course	Dose Prescribed	Date Prescribed	Time[s] to be given

For treatment of the following medical condition:

\_\_\_\_\_

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. **YES/ NO**

Name and telephone no. of family doctor:  
 \_\_\_\_\_

**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.**

To be administered by a member of the School Staff. **YES / NO**

Signed: ..... Parent/Guardian

Address: .....

Date: .....

<p><b>NOTE</b> 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. Medicines must be in the original container as dispensed by the pharmacy. This agreement will be reviewed on a termly basis. The Governors and Headteacher reserve the right to withdraw this service</p>
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