

**ST LUKE'S CATHOLIC PRIMARY SCHOOL
REQUEST FOR THE SCHOOL TO GIVE MEDICATION**

Dear Headteacher

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

Medical Condition / Illness:

Name of Medicine:

Duration of course:

Dose Prescribed:

Date Prescribed:

Time(s) to be given:

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. The school will also allow paracetamol or ibuprofen advised by the parent / guardian of the child.

I understand that the medicine must be delivered to the school by myself or the undermentioned responsible adult.

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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.

Signed: **Parent/Guardian**

Address:

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Date:

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

