



Astbury St Mary's C of E Primary School

Walk in love as Christ loves you. Ephesians 5:2

Medication Request

I request that my child be given the following medicine(s) while at Astbury St Mary's Primary School.

| | |
|--------------------------------------|--|
| Name of child | |
| Name of medicine | |
| Duration of course | |
| Dosage | |
| Date prescribed | |
| Time(s) to be given | |
| Nature of complaint and any comments | |

The above medication has been prescribed by the family or hospital doctor. It is clearly labelled indicating contents, dosage, storage and child's name in FULL.

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

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I 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

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 Head teacher.
2. This agreement will be reviewed on a termly basis.
3. The Governors and Head teacher reserve the right to withdraw this service.