St. Joseph's
Catholic
Primary School

Woodford Lane,
Winsford,
Cheshire.
CW7 2JS

Telephone: 01606 668790

REQUEST FOR THE SCHOOL TO GIVE MEDICATION

I request that my child _____ (please give full name) is given the following medicine(s) whilst at school.

Name of Medication:
Duration of Course:
Dose Prescribed:
Date Prescribed:
Times(s) to be given:
Teacher:

The above medication has been prescribed by the family or hospital doctor. It is clearly labelled indicating contents, dosage and the child's FULL NAME. I understand that the medicine must be delivered to and collected from school by myself or the responsible adult named below and accept that this is a service which the school is not obliged to undertake. I also agree to inform the school of any change in dose immediately.

Other responsible adult:_____

Signed:	Parent/Carer Date:

Address:
Contact Number:

Note to Parents:

1. Medication will not be accepted by the school unless this form is completed and signed by the parent or carer 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.