

**WHITBY HEATH PRIMARY SCHOOL
REQUEST FOR THE SCHOOL TO GIVE MEDICATION**

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

Date of birth Year

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 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 (agreed member of staff) 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.

Signed Print Name
(Parent/Carer)

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 carer of the child and that the administration of the medicine is agreed by the Headteacher.
2. Medicines must be in the original container.
3. The agreement will be reviewed on a termly basis.
4. The Governors and Headteacher reserve the right to withdraw this service