



Barnes Farm Infant School

Request for the school to give medication

Dear Headteacher,(SLT)

I request that (full name of pupil):

Date of birth:

In Class:

be given the following medicine(s) while at school (please include the name / type of medicine as described on the container):

Medical condition or illness:

.....

Expiry date: Duration of course:

Dosage and method: Time(s) to be given:

Other instructions:

.....

Are there any side effects the school should know about?

.....

**NOTE: MEDICINES MUST BE IN THE ORIGINAL CONTAINER AS DISPENSED BY THE PHARMACY
CONTACT DETAILS**

Emergency Contact Numbers	
Parent/Carer:	Number:
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Name and telephone number of GP:

.....

I understand that I must deliver the medicine personally to a staff member at school and accept that this is a service that the school is not obliged to undertake. I understand that a member of school staff has volunteered to administer this medication to my child. Whilst staff will do their best, I also understand that in a busy school, things are sometimes forgotten by accident. I understand that I must notify the school of any changes in dosage or frequency of the medication or if the medication is stopped.

Name (parent/carers): Date:

Signed (parent/carers):

Date			
Time given			
Dose given			
Name of member of staff			
Staff signature			
Staff witness name			
Staff witness signature			

Date			
Time given			
Dose given			
Name of member of staff			
Staff signature			
Staff witness name			
Staff witness signature			

Date			
Time given			
Dose given			
Name of member of staff			
Staff signature			
Staff witness name			
Staff witness signature			

Date			
Time given			
Dose given			
Name of member of staff			
Staff signature			
Staff witness name			
Staff witness signature			