



Beechwood Primary School
Request for school to give medication

Dear Head Teacher

I request that in class.....

Be given the following medication:

Name of medicine..... Dosage.....

(Batch number of medication.....)

Reason for medication.....

10.30am 12.00pm 1.00pm (Please circle time as necessary)

If medication is needed at any other times of the school day, you will need to make alternative arrangements.

The above medication has been prescribed by the family GP or dentist. It is clearly labelled with contents, dosage and the child's full name.

I understand that the medicine must be handed into the school office and accept that this is a service which the school are not obliged to undertake.

*My child has been given at least one dose of the medication at home.

Signed (Parent/Guardian) Date:

Contact number

NOTES: Only medicines prescribed by a Doctor can be given to a child by a named medical officer. Medication will not be accepted in the school unless this form is **completed in full** and signed by the parent or legal guardian.

*In case of a reaction to medication, we will not accept medication unless the child has already received at least one dose at home.

Medication accepted into school by(Staff)

The Head Teacher reserves the right to withdraw this service at any time.

FAILURE TO COMPLETE THIS FORM IN FULL WILL RESULT IN THE REQUESTED MEDICATION NOT BEING GIVEN TO YOUR CHILD.

