



Priory School

Request for School to Administer Medication

Dear Head Teacher,

I request that.....(Child's full name) Class

be given the following medication :

Name of Medication	Kept in Fridge ✓	Dose	Time

The medication should be started on(date) and should finish on.....(date)

Reason for medication.....

Please ensure that the medicines are clearly labelled indicating contents, dosage and child's name in full.

All medicines must be in their original container as originally dispensed and with the prescriber's instructions intact. It is the responsibility of the parents to ensure that medicines are in date, so please keep a note at home of the expiry date.

We do not accept any non-prescription medicines or medicines that need to be taken three times a day or less. Guidelines state that these can be taken before school, after school and before bedtime. Antihistamines are available that can be taken once in the morning.

I understand that the medicines must be delivered personally to the Welfare Assistant at the school reception and I accept that this is a service which the school is not obliged to undertake.

I authorise Priory School to administer the above medication

Signed.....(Parent/Carer)

Full name.....(Parent/Carer)

Dated.....

Note: Medication will not be accepted in the school unless this form is completed and signed by the child's parent or carer.

The Head Teacher reserves the right to withdraw this service.