

Request for Bradfield Primary school to give medicine to pupils

I request the following medication to be administered:

Name of child	
Class	
Name of medication	
Expiry date	
Batch no.	
Required dosage	
Time of dose	
Before or after food?	

Please tick the following statement as appropriate:

The above medicine is ON PRESCRIPTION from the family doctor and is clearly labelled	
The above medicine is NOT ON PRESCRIPTION and is clearly labelled	

I understand the medicine must be delivered personally to the school office and accept that this is a service that the school is not obliged to undertake.

Signed (Parent/Carer)	
Address	
Date	

Note: Medication will not be accepted in the school unless this form is completed and signed by the parent/Carer of the child and administration of the medication is agreed by the Headteacher.

THE HEADTEACHER RESERVES THE RIGHT TO WITHDRAW THIS SERVICE