Farley Hill Primary School

Request to the school to give 'prescribed' medicine only

Name of Child: _____

Date of Birth: _____ Class: _____

Medical Condition / Illness: _____

Name/type of medicine to be given (as described on the container):

_____

Expiry date of medicine: _____

Dosage and method: _____

Time medicine is to be given: _____

Are there any side effects that the school needs to know about? _____

I understand that prescribed medicine **must** be handed personally to the School Office by a parent or responsible adult at any time when it is brought into school, and that it is **clearly labelled** with the child's name in full and in original packaging.

NB: Medication will **not** be given to a child unless this form is completed and signed by the parent/guardian.

Contact Details:

Name of parent/guardian: _____

Relationship to Child: _____ Daytime Tel No: _____

Address: _____

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signed: _____ Date: _____
(parent or guardian)

See overleaf for individual record of medicine administration

Name of Child:				
Date	**Time Given**	**Dose Given**	**Staff Name**	**Staff Inits**