

WESTON VILLAGE PRIMARY SCHOOL



Dear Headteacher

I request that (full name of pupil): _____ in Class: _____
be given the following medicine while at school:

Name of Medicine *one form to be completed for each medication	Date Prescribed	Dose Prescribed	Duration of course	Time(s) to be given

Reason for administering medication:

I understand that the medicine must be delivered to and collected from the school by myself or a named responsible adult:

Signed:

Dated:

Note:

*Medication will not be accepted by the school unless this form is completed and signed by the parent or legal guardian of the child and that the administration of the medicine is agreed by the Headteacher.

*One form is to be completed for each medication.

***Non Prescription** medication requires a new form to be completed every 48 hrs.

*The Governors and Headteacher reserve the right to withdraw this service.

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