



Burchetts Green CE Infant School

Request for the School to give prescribed medication

I request that (full name of child)

be given the following medication:

..... (name of medication)

..... (dosage)

at the following times during the day:

.....

..... for day(s)

The above medication has been prescribed by a qualified medical practitioner or advised by a pharmacist and is clearly labelled indicating contents, dosage and child's name.

- I understand that the medicine must be delivered personally to the school secretary and collected from the medical cabinet at the end of the school day. Inhalers should be handed to class teachers and collected at the end of the school day.
- I understand that the school is not obliged to undertake this service.
- I understand that the school accepts no liability for delay or failure to administer the prescribed medication.

Signed Parent/Guardian

Date

NOTE: Prescription medicines only will be accepted in the school and can only be administered if this letter is completed and signed by the parent or legal guardian of the child.

The school reserves the right to withdraw this service at any time at the Headteacher's discretion.