# Burchetts Green CE Infant School

## Request for the School to give prescribed medication

I request that …… (full name of child)

in …… class be given the following medication:

…….. (name of medication)

…… (dosage)

…… (possible side effects)

at the following time(s) 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/inhalers must be delivered personally to the school office and collected from the school office/class staff 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 ……..

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