NORLEY CE PRIMAY SCHOOL

REQUEST FOR THE SCHOOL TO GIVE MEDICATION

Dear Headte	acher			
I request the	at(Full name of Pupil)			
•	following medicine(s) while at school:			
Name of Med				
Duration of c				
Dose Prescril				
Date Prescrib				
Time(s) to be	given			
I understand responsible a	that the medicine must be delivered to the school by myself or the undermentioned dult.			
Signed:	Parent/Guardian			
Date:				
Notes to Parents:				

- 1. 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 Head teacher.
- 2. This agreement will be reviewed on a termly basis.
- 3. The Governors and Head teacher reserve the right to withdraw this service.

Medication given/taken	Date	Time	Signed

Date	Time	Signed