

**REQUEST FOR HUNTINGTON COMMUNITY PRIMARY SCHOOL
TO GIVE MEDICATION**



Dear Headteacher,

I request that _____ (full name of pupil) be given the medicine outlined below while at school.

Date of birth _____ Year group/class _____

Medical condition/illness/allergy _____

MEDICINE

Name/type of Medicine _____
(as described on the container)

Expiry date _____ Duration of course _____

Dosage and method _____ Time(s) to be given _____

Special precautions/other instructions _____

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

Time most recent dose given _____

Can your child self-administer? **Yes/No** (delete as required)

Procedures to take in an emergency _____

**NB Medicines MUST be in the original container as dispensed by the pharmacy,
and must be delivered personally to the school office staff.**

CONTACT DETAILS

Your name _____ Relationship to child _____
(print)

Daytime telephone number _____

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's 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.

Date _____

Signature _____