



**REQUEST FOR WESTENDE JUNIOR SCHOOL TO GIVE MEDICATION**

I request that .....(full name of child) be given the following medication:-

.....(name/s of medicine)

.....(dosage)

at the following times during the day:-

.....

From (date) ..... To (date) .....

If medicine is to be given 'as needed', please indicate the maximum dose to be given in one day

.....

Special precautions/ Side effects: .....

.....

The above medicaments have been prescribed by the family doctor and they are clearly labelled, indicating contents, dosage and child's name in FULL

I understand that the medicine must be delivered personally by an adult to the School Office and accept that this is a service which the school is not obliged to undertake and that the school cannot accept any responsibility for children not having their medicine.

Signed .....

Address.....

Date.....

NOTE: Medication will not be accepted in school unless this letter is completed and signed by the parent or legal guardian of the child and administration of the medicine agreed by the Headteacher. The Headteacher reserves the right to withdraw this service.

---

SCHOOL OFFICE USE:	Date given	Time	Quantity given	Initials
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....