

# WESSEX PRIMARY SCHOOL

## Request for the School to give Medication

Dear Mr Stevens,

I request that ..... (FULL name of child)

be given the following medication:-

Name of medicine(s).....and

dosage .....

At the following time during the day

.....for .....days

The above medication has been prescribed by the family doctor and it is important that a mid-day dose is given. It is clearly labeled indicating contents, dosage and child's name in **FULL**.

I understand that the medicine must be delivered personally to a member of staff and accept that this is a service which the school is not obliged to undertake.

Signed ..... Parent/Guardian

Address .....

.....

Date .....

### NOTE:

- a) Whilst the school will endeavour to ensure that your child is given the above medication we cannot accept responsibility if it is forgotten or not administered on time. Therefore if it is vital that your child takes the medication during the day we suggest that you come into school to administer the medication personally.
- b) Medication will not be accepted by the school until this letter has been completed and signed by the parent or legal guardian of the child.

The governors and Headteacher reserve the right to withdraw this service.