

## Request for school to issue medication in school

To be completed by the parent/carer

Type of medication - Please tick one box please

Short-term prescribed	
Long-term prescribed	
Short-term non prescribed	
Long term non prescribed	
As required	

Pupil's name.....Date of Birth.....

I request that the above pupil be given the following medication while at nursery

Name of medication	Date prescribed	Dose to be given	Minimum time between doses	Medication to be given if the following symptoms occur

Bought medications, such as Calpol, should be in the original container, marked with your child's name  
 Prescribed medications should be in the container it was dispensed in, clearly labelled with the contents, dosage and child's name in full.

Name of GP.....  
 Address of GP.....  
 .....  
 Telephone.....

I realise that this is not a service that the school is obliged to undertake. I accept full responsibility for informing the school if my child has been given a dose of this medication before coming to nursery. I accept responsibility for ensuring that the medicine has not expired and that there will be enough medicine supplied to the for my child's needs.

Parent/carer's name.....  
 Address.....  
 .....  
 Work Telephone.....Mobile.....  
 Signature.....Date.....

Note: the nursery will not accept medication unless this form is completed and signed by the parent/carer of the pupil and the head teacher agrees to the administration of the medication. The head teacher reserves the right to withdraw this service