



CONGLETON HIGH SCHOOL

REQUEST FOR THE SCHOOL TO GIVE MEDICATION

Dear Headteacher

I request that (Full name of Student) be given the following medicine(s) while at school:

Name of Medicine	
Duration of course	
Dose Prescribed	
Date Prescribed	
Time(s) to be given	

The above medication has been prescribed by the family or hospital doctor. It is clearly labelled indicating contents, dosage and child's name in **FULL**.

I understand that the medicine must be delivered to the school by myself or the under-mentioned responsible adult.

.....

and accept that this is a service which the school is not obliged to undertake and also agree to inform the school of any change in dosage immediately.

Signed: **Parent/Carer**

Address:

.....

Date:

Notes to Parents/Carers:

- 1 Medication will not be accepted by the school unless this form is completed and signed by the parent or legal carer of the child and that the administration of the medicine is agreed by the Headteacher.
- 2 This agreement will be reviewed on a termly basis.
- 3 The Governors and Headteacher reserve the right to withdraw this service.