



Moorside
Primary School

Respecting and inspiring children...



Medicine Form

Dear Head Teacher/Head of Establishment

Administration of Medication in Educational Establishments

I request that (name of child) be given the following medication, which has been prescribed by a registered medical practitioner:

..... (Name of medicine)

..... (Total number of dosages in medication)

..... (Methods of administering the medicine)

at the following times during the school day:

Day(s)	
Time(s)	
Dosage (each time)	

I understand that the medicines must be delivered personally by me to (nominated representative) and that this is a service which is subject to agreement with the school.

Signed (Parent/Guardian)

Date

Address

.....

.....

Notes: (1) Medication will not be administered by the establishment unless this authorisation is completed and signed by the parents/guardians of the pupils.

(2) The Governors and Head Teacher/Head of Establishment reserve the right to withdraw this service.