



THE MORTIMER FEDERATION OF ST JOHN'S AND ST MARY'S

REQUEST FOR THE SCHOOL TO GIVE MEDICATION

Dear Headteacher

I request that	
	<i>(Full Name of Child)</i>
Be given the following Medication	
	<i>(Name of medication)</i>
Dosage	
At the following times during the day	

The above medications have been prescribed by the family doctor. They are clearly labelled indicating contents, dosage and child's name.

I understand that the medicine must be delivered personally to the approved place in school and accept that this is a service which the school is not obliged to undertake.

Signed: _____ *(Parent/Guardian)*

Address: _____

Date: _____

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

TO BE COMPLETED BY THE MEMBER OF STAFF WHEN THE MEDICINE HAS BEEN ADMINISTERED

	Date	Time	Initial		Date	Time	Initial
Monday				Monday			
Tuesday				Tuesday			
Wednesday				Wednesday			
Thursday				Thursday			
Friday				Friday			

IN THE CASE OF LONG TERM/ONGOING MEDICATION

End Date	
Time of Day	
Storage Instructions	