

# Polehampton Church of England Schools

*"Let your light Shine"*

Matthew 5:16



**Heads of Schools: Mrs Liz Castell** BA Hons QTS PGCert SEN **and Mrs Helen Medcalf** BA Hons PGCE

## REQUEST FOR THE SCHOOL TO GIVE MEDICINE

### SHORT TERM MEDICATION PRESCRIPTION

- Parental agreement for school to administer medicine – must be completed by someone with parental responsibility (i.e. not a child-minder or relative).
- Medicine must be delivered and collected by an adult at the beginning and end of each day.

**The school will not give your child medicine unless you complete and sign this form.**

**\*Please see our Privacy Notice for more information**

<b>Name of Child:</b>	
<b>Date of Birth:</b>	
<b>Registration Group:</b>	
<b>Medical condition/illness:</b>	
<b>Name/Type of Medicine (as described on the container):</b>	
<b>Date dispensed:</b>	
<b>Expiry date:</b>	
<b>Dosage and method:</b>	
<b>The above medication was prescribed by:</b>	Dr.
<b>Special Precautions:</b>	
<b>Are there any side effects that the school needs to know about?</b>	
<b>Procedures to take in an Emergency:</b>	
<b>Please give any additional information here:</b>	

I understand that I must deliver and collect the medicine personally to and from the school office and I accept that this is a service that the school is not obliged to undertake. I understand that I must notify the school of any changes in writing.

Date:

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Signature(s):

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Relationship to the child:

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