



REQUEST FOR THE SCHOOL TO GIVE MEDICATION

Dear Head teacher,

I request that \_\_\_\_\_ (FULL name of child) \_\_\_\_\_ (Class)

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ be given the following:

Name/type of medicine (as described on the container)

Expiry Date

Dosage and method

Time to be given (Between 12-1:30pm due to welfare cover )

Special precautions/other instructions

Are there any side effects the school needs to know about?

Procedures to take in an emergency


Contact details in an emergency:

Name:

Daytime telephone number:

Relationship to child:

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

Signed: \_\_\_\_\_ (Parent/Guardian)



Motivated

Proud

Inclusive