



# LEEK COUNTY FIRST SCHOOL



## Parental Request For The Administration of Medicines In School

Pupil		Class	
Date of Birth		Contact Number	
Address			
GP Name		GP Contact Number	
Details of any allergies or other special instructions			

The Doctor has prescribed the following medication for my child, it is in the container in which it was dispensed, clearly labelled with the contents, dosage and child's name in full:

Date Prescribed	Name of Medication	Dosage	Time To Be Dispensed	End date for medication

### Declaration

- I realise that this is not a service the school is obliged to undertake
- I accept full responsibility for informing the school if my child has been given a dose of medication before coming to school
- I accept responsibility for ensuring that the medicine has not expired and there will be enough supplied to the school for my child's needs
- I will collect all unused medicine from the school at the end of the day

I will inform the school office immediately should there be any amendment to the following:

- Medication
- Dosage
- Address or Contact Details
- Doctor or Doctor's Contact Details

Parent / Carer Name ..... Date .....

Signature .....