

Pupil Medication Request

Long-Term Administration of Medicine

The school will **only** administer:

- (i) prescription medicines;
- (ii) long-term pain relief when accompanied by a letter of authorisation from the doctor/specialist;
- (iii) medicines that are in their original container, as dispensed by the pharmacist;
- (iv) other medicines agreed with the headteacher.

Child's Name: Class:

Contact Telephone Number:

Condition/Illness/Symptoms:

Name of Medicine:

Dose:

Completion date (if known):

Special Instructions:

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Signed: Date:
(parent/guardian)

Where possible the need for medicines to be administered at school should be avoided.

Please give this form, together with the medicine, to a member of staff in the school office. Please collect all empty containers at the end of the course.