



The Quinta Primary School

Medical Permissions Form

- Everyday Excellence
- Authentic Care
- Independence
- Opportunity

REQUEST FOR THE SCHOOL TO GIVE MEDICATION

I request that(full name of pupil) be given the following medication(s) whilst at school.

Date of birth.....

Class

Medical condition or illness.....

Name/type of medicine
(As described on container)

Expiry date..... Duration of course.....

Dosage and method.....

Time(s) to be given.....

Other relevant information.....

Self administration YesNo No (mark as appropriate)

The above medication has been prescribed by the family or hospital doctor (Health Professional note received as appropriate). It is clearly labelled indicating contents,dosage and child's FULL name.

Name and telephone number of GP.....

I understand that I must deliver the medicine personally to the class teacher and accept that this is a service the school/setting is not obliged to undertake. I understand that I must notify the school/setting of any changes in writing.

Signed..... print name.....
(Parent/Guardian)

Note to parents:

1. Medication will not be accepted by the school unless this form is completed and signed by the parent or legal guardian of the child and the administration of the medicine is agreed by the Headteacher.
2. Medicines must be in the original container s dispensed by the pharmacy.
3. The agreement will be reviewed on a termly basis.
4. The Governors and Headteacher reserve the right to withdraw this service.