



St Louis Catholic Primary School

PRESCRIBED MEDICATION FORM (Short Term)

To the Head Teacher
St Louis Catholic Primary School

My child In Year

has been prescribedmedication for the following

reason: The dosage is as follows:

.....

It has been prescribed by a doctor and requires a fourth dosage to be administered during school hours. It is clearly labelled indicating contents, dosage and the child's name in FULL.

I understand that:

- a) The medication must be delivered personally to the school and in its original container.
b) The medicine will be administered between 12.00 and 12.15. Please note that we do not have sufficient personnel to administer medicines at any other time. Should you require the medicine to be administered at a different time you must make arrangements for an appropriate adult to come up to school to do this.

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medication is stopped.

Parent/Guardian Signature:

Address:

.....

Postcode: Date:

The Headteacher reserves the right to withdraw this service.

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For office use Ref No:

Agree to administration of medicines YES/NO

If NO, reason given:

Staff Signature: Date: