



# St Louis Catholic Primary School

## HAYFEVER MEDICATION FORM

To the Head Teacher  
St Louis Catholic Primary School

My child ..... In Year .....

suffers with hayfever during the summer months and I request that the following  
medication be administered at school .....

The dosage is: .....

It is clearly labelled indicating contents, dosage and the child's name in FULL. My  
child has had this medicine before and there have been no adverse affects.

I understand that:

- a) the medication must be delivered personally to the school.
- 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.

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: .....