Request for school to give medication

Only return this form if your child is on regular medication

Name of student: Tutor Group (if k	nown)
My child has been prescribed the following medication by the family doctor:	
This medication needs to be administered during the school day at the following times:	
The medication is clearly labelled indicating contents, dosage and the child's name in FULL.	
Medication WILL NOT be accepted in school unless this letter is completed and signed by the Parent/Carer of the child and administration is agreed by the Principal.	
I accept that this is a service which the school is NOT obliged to undertake, and the Principal reserves the right to withdraw the service.	
Inhalers/Epipens should be carried by the child, though it is possible for a spare inhaler/Epipen, clearly labelled to be left at school. Children will be allowed to use only their personal prescribed inhalers.	
SignedParent/Carer	Date