



Medication Request Form to be completed and signed by Parent/Guardian

To be given to the class teacher along with any medication to be taken.

I request that my child:

In class:

Name of medication to be given:

Name of condition:

Is this a long/short term condition? (Please circle)

Dosage: mls/tablet (insert quantity) at (time required)

Storage instructions for medication:

Name of GP:

Address of GP:

Telephone number of GP:

(Parent): I will send in the required daily dose.

Signed: **Parent/guardian**

Date:

NB Schools are not obliged to administer any medication. If any member of staff does not wish to administer medicine it is the responsibility of the parent to ensure it is administered.