

**REQUEST FOR SCHOOL TO GIVE MEDICATION**

**ONLY return this form if your child is on regular medication.**

**Name of Student..... Tutor Group.....**

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 Headteacher.

I accept that this is a service which the school is NOT obliged to undertake, and the Headteacher reserves the right to withdraw the service.

Inhalers should be carried by the child, though it is possible for a spare inhaler, clearly labelled to be left with Student Services. Children will be allowed to use only their personal prescribed inhalers.

Signed.....Parent/Carer

Date.....

Raveloe Drive, Nuneaton, Warwickshire CV11 4QP  
Telephone: 024 7674 4000  
Fax: 024 7674 1530