



JOHN RANKIN SCHOOLS

Request for the school to give medication

I request that *(full name of child)*

Class

be given the following:

Name of medication(s):

Dosage:

at the following times during the day:

Until:

I understand that the medicine must be delivered personally and accept that this is a service which the school is not obliged to undertake.

The above medication has been prescribed by the family doctor. It is clearly labelled indicating contents, dosage and child's name in full.

I understand that should my child have a reaction to the medication, this is not the fault of the school or the administer.

Signed: *(Parent/Guardian)*

Date:

Note: Medication will not be accepted by the school unless this letter is completed and signed by the parent or legal guardian of the child, as per our policy.

The Governors and Headteacher reserve the right to withdraw this service.