



**PARENTAL REQUEST FOR SCHOOL TO ADMINISTER MEDICINE**

<b>Name of school</b>	St. Chad's C.E. Primary School The Gateway, Redstreet Village, Newcastle, Staffordshire. ST5 7AB Tel: 01782 567750
<b>Date</b>	
<b>Child's Name</b>	
<b>Class</b>	
<b>Name and strength Of medicine</b>	
<b>Expiry date</b>	
<b>Dose – (How much to give)</b>	
<b>When to be given (time)</b>	
<b>Any other instructions</b>	
<b>Number of tablets/quantity given to the school</b>	
<b>Medicine should be stopped – give date (If no date is given administration will be stopped after the first day)</b>	

***Note: Medicines must be given in the original container as dispensed by the Pharmacy.***

<b>Name and daytime phone number of parent</b>	
<b>Name and phone number of GP</b>	

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is to be stopped.

Parents signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_