



**HARTSBOURNE PRIMARY SCHOOL
HARTSBOURNE ROAD, BUSHEY HEATH, HERTS WD23 1SJ**

REQUEST FOR SCHOOL TO ADMINISTER MEDICATION DURING THE SCHOOL DAY

The school will not be able to give medicine to your child unless this form is signed and the Head Teacher has agreed that the school can administer the medication. The school is under no obligation to administer medicines and reserves the right to refuse.

PUPIL DETAILS BELOW	YEAR GROUP:	
----------------------------	--------------------	--

SURNAME:		FIRST NAME:	
BOY/GIRL:		DATE OF BIRTH:	
DETAILS OF CONDITION OR ILLNESS:			

FULL DIRECTIONS FOR USE			
NAME OF MEDICINE			
DATE DISPENSED:		NO OF DAYS PRESCRIBED FOR:	
DOSAGE AND METHOD		TIME(S) TO BE TAKEN:	
ANY PRECAUTIONS		POSSIBLE SIDE EFFECTS IF KNOWN	
SIGNED:			
RELATIONSHIP TO CHILD:			

SCHOOL'S AGREEMENT

I agree that the above named child will receive the medication as stipulated above. The child will be supervised by a member of school staff whilst s/he takes the medicine. Parents will be informed immediately if a child refuses to take the medicine. Parents will then be asked to return to school to administer the medicine personally.

V. HUDSON, HEAD TEACHER