**BRADWELL VILLAGE SCHOOL**

**REQUEST FOR THE ADMINISTRATION OF MEDICINE IN SCHOOL**

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| --- | --- | --- |
| Child’s Name: | | Class: |
| Doctor’s Name: | Doctor’s Tel No. | |

**The Doctor has prescribed the following:**

|  |  |  |
| --- | --- | --- |
| Name of Medication |  | |
| What time to take |  | |
| Dosage |  | |
| Start Date | | Date of last dose |

Staff use only

|  |  |  |
| --- | --- | --- |
| Date | Time | Staff Signature |
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* The above medicine must be delivered to the school personally
* The responsibility for advising the school of changes in dosage remains mine
* The child will need to remember to visit the School Office at the appropriate time of day.
* The school is under no obligation to administer this medicine

I understand that whilst the school staff will endeavour to carry out these arrangements, no legal liability can be accepted by the School in the event of any failure to do so, or of any adverse reaction by my child to the administration of the drug.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Parent/Guardian)

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_