



Whitley Village School
www.whitleyprimary.co.uk

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Headteacher
Mr Russell David BA, MSc, PGCE

Whitley Village School

REQUEST FOR THE SCHOOL TO GIVE MEDICATION

Dear Headteacher

I request that _____ (full name of pupil)
be given the following medicine(s) while at school/school trip.

Date of birth _____

Name of medicine: _____

Duration of course: _____

Dose prescribed: _____

Date prescribed: _____

Time(s) to be given: _____

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

I understand that the medication must be delivered to the school by myself or the under mentioned responsible adult and accept that this is a service which the school is not obliged to undertake and agree to inform the school of any change in dosage immediately.

Signed: Parent/Carer _____

Address: _____

Date: _____

Notes to parents.

1. Medication will not be accepted by the school unless this form is completed and signed by the parent or legal guardian of the child and that the administration of the medicine is agreed by the Headteacher
2. This agreement will be reviewed on a termly basis
3. The Governors and Headteacher reserve the right to withdraw this service