

SCOTTISH BORDERS COUNCIL
EDUCATION DEPARTMENT

SCHOOL	LAUDER PRIMARY SCHOOL
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REQUEST FOR SCHOOL TO ISSUE PRESCRIBED MEDICATION

Dear Headteacher

I request that (full name of pupil) be given the following medication while at school.

Name of Medication	Date Prescribed	Duration of Course	Dose Prescribed	Time(s) to be given

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

PLEASE PRINT

GP Name

Address

I understand that the medication will be administered to

Child's name

and accept this is not a service that the school is obliged to undertake

Parent/Guardian

Address

Date

Note: Medication will not be accepted by the school unless this information is completed and signed by the parent or legal guardian of the child and the administration of the medication is agreed by the Headteacher.
The Headteacher reserves the right to withdraw this service.

