**REQUEST FOR THE COLLEGE TO GIVE MEDICATION**

Dear Principal

I request that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (full name of student) be given the following medicine(s) whilst in college should it be required.

|  |  |
| --- | --- |
| Name of Medicine |  |
| Duration of Course |  |
| Dose Prescribed |  |
| Date 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.

I understand that the medicine must be delivered to the college by **myself** or **my son/daughter** as named below.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

and accept that it is my responsibility to inform the College of any change in dosage immediately.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Parent / Carer)

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Notes to Parents**:

1. Medication will not be accepted by the college 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 Principal.
2. This agreement will be reviewed on an annual basis.
3. The Governors and Principal reserve the right to withdraw this service.