



Rode Heath Primary School

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Headteacher: John Frankland

Inspiring learning; nurturing minds; achieving for life



Rode Heath
PRE-SCHOOL

REQUEST FOR THE SCHOOL TO GIVE MEDICINE

Dear Headteacher,

I request that(Full name of Pupil)
be given the following medicine(s) while at school:

Name of Medicine
Duration of course.....
Dose prescribed.....
Date prescribed.....
Time(s) to be given.....
Time and date of last dose given.....

The above medication is clearly labelled indicating contents, dosage and child's name in full. School are able to administer non-prescribed medication but will only do so after 1pm to ensure that an excess of medicine is not given.

I understand that the medicine 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 also agree to inform the school of any change in dosage immediately.

Signed.....Parent/Guardian

Address.....

.....

Date

Note 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.





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