



Ashley Hill Multi-Academy Trust
Bisham CofE Academy
Head of School: Mrs Emma Brookman
CEO Mrs Isabel Cooke

REQUEST FOR THE SCHOOL TO GIVE MEDICATION

To The Principal,

I request that
(Full name of child) be given the following medication:-

.....
(Name(s) of medicine(s) and dosage)

Last time medicine was administered dosage:-

At the following times during the day:-
.....

(Please ask your child to go to their teacher or the school office for the medicine at the appropriate time)

The above medicines have been prescribed by the family doctor and are clearly labelled indicating contents, dosage, and child's name in full.

I understand that the medicine must be delivered personally to (child's name)
and accept that this is a service which the school is not obliged to undertake.

Signed (Parent/Guardian)

Date

NOTE:- Medication will not be accepted in the school unless this letter is completed and signed by the parent or legal guardian of the child and administration of the medicine is agreed by the Principal.

The Principal reserves the right to withdraw this facility.

NB: If medicine is administered a sticker/or message will be placed in the child's message book.



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