## **Sefton Park Schools**

## REQUEST FOR THE SCHOOL TO GIVE MEDICATION

Date of birth  Year group and class  Medical condition or illness  Name of medicine(s) as described on container  Expiry date and duration of course  Dosage and method  Time(s) to be given  Other instructions  Any known allergies  Any other medication being taken by child?  The above medication has been prescribed by a doctor. It is clearly labelled indicating contents, dosage and child's name in full  Name and telephone number of GP  Over-the-counter medication agreed by  Signed (Parent/Carer)  Print name  Daytime contact number	Name of pupil	
Medical condition or illness  Name of medicine(s) as described on container  Expiry date and duration of course  Dosage and method  Time(s) to be given  Other instructions  Any known allergies  Any other medication being taken by child?  The above medication has been prescribed by a doctor. It is clearly labelled indicating contents, dosage and child's name in full  Name and telephone number of GP	Date of birth	
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Other instructions  Any known allergies  Any other medication being taken by child?  The above medication has been prescribed by a doctor. It is clearly labelled indicating contents, dosage and child's name in full  Name and telephone number of GP	Dosage and method	
Any known allergies  Any other medication being taken by child?  The above medication has been prescribed by a doctor. It is clearly labelled indicating contents, dosage and child's name in full  Name and telephone number of GP	Time(s) to be given	
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dosage and child's name in full  Name and telephone number of GP	medication being taken by child?	
Over-the-counter medication agreed by  Signed (Parent/Carer)		
Signed (Parent/Carer)  Print name  Daytime contact number	Name and telephone nu	ımber of GP
Print name  Daytime contact number	Over-the-counter medi	cation agreed by
Daytime contact number	Signed (Parent/Carer)	
	Print name	
Address	Daytime contact numbe	r
	Address	

Medication will not be accepted by the school unless this form is completed and signed by the parent or legal guardian and that the administration of medication is agreed.

Medicines must be in the original container as dispensed by the Pharmacy.