EAST RENFREWSHIRE COUNCIL
EDUCATION DEPARTMENT
REQUEST FOR THE ADMINISTERING OF MEDICINES
IN EDUCATIONAL ESTABLISHMENTS

To the Head Teacher
I request that:

Full name of pupil	
Date of Birth	
Class	

be given the following medicine(s) whilst at school:

Medical Condition or illness				
Name/Type of Medicine (as described on container)				
Expiry date				
Duration of course				
Dosage and method				
Time(s) to be given				
Other comments				
Self-administration (delete as appropriate)	Yes		No	
Name and telephone number of GP				

The above medication has been prescribed by the family or hospital doctor (Health Professional note received as appropriate). It is clearly labelled indicating contents, dosage and child's name in FULL.

I understand that I must deliver the medicine personally to the school and accept that this is a service that the school is not required to provide. I understand that I must notify the school of any changes in writing.

Print Name (Parent/Carer)	
Signed	
Date	
Telephone Number	Email Address
Address	