



Foxton Road, Coventry, CV3 2HN • 024 7645 4843 • office@ernesfordgrange-pri.coventry.sch.uk
Headteacher: Ian Taylor

Request for Medicine to be administered in school

Child's Name _____

Class _____

The doctor has advised that it is necessary for the named child to receive his/her medication during school time for a period of _____ days/weeks

Name of Medicine _____

Type:
Tablets/Mixture/Inhaler/Other _____

Dosage

Times of doses required in school

Storage requirements

Any precautions, special arrangements or side effects

I understand that the Head teacher and Staff of the school cannot be held responsible for any problems which may arise from the administration of medicine when given in accordance with these instructions.

Please note; any medicines received should be contained in their original container/packet.

Signed _____ Parent / Guardian

Date _____

